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Adult Use of Prescription Opioid Pain Medications — Utah, 2008

Fatal and nonfatal overdoses from prescription pain medications have increased in recent years in Utah and throughout the nation (*1,2*). In 2008, the Utah Department of Health added 12 questions to the state's Behavioral Risk Factor Surveillance System (BRFSS) survey to better understand how state residents obtain and use prescription pain medication. Findings from the survey indicated that an estimated 20.8% of Utah adults aged ≥18 years had been prescribed an opioid pain medication during the preceding 12 months. Of those prescribed an opioid pain medication, 3.2% reported using their medication more frequently or in higher doses than had been directed by their doctor; 72.0% reported having leftover medication, and 71.0% of those with leftover medication reported that they had kept the medication. Approximately 1.8% of all adults reported using prescription opioids that had not been prescribed to them. In 2009, the Utah Department of Health published a set of guidelines to reduce morbidity, mortality, and disability associated with misuse or abuse of prescription drugs, especially narcotics. The guidelines include recommendations that providers 1) counsel patients to dispose of unused medication properly once the pain has resolved and 2) prescribe no more than the number of doses needed based on the usual duration of pain severe enough to require opioids for that condition (*3*).

BRFSS conducts state-based, random-digit–dialed telephone surveys of the noninstitutionalized U.S. civilian population aged ≥18 years, collecting data on health conditions and health risk behaviors. The Utah BRFSS is conducted in the state's 12 health districts; rural health districts with smaller populations are sampled at higher rates than urban health districts with larger populations (*4*). This oversampling of less populated districts is intended to produce reliable estimates for commonly used measures within each district. In 2008, the Utah Department of Health added 12 questions regarding use of prescription pain medications to the state BRFSS survey.* For this analysis, only responses regarding opioid pain medications are included in the results. In 2008, a total of 5,330 respondents were interviewed for the Utah BRFSS. The overall Council of American Survey Research Organizations response rate for Utah in 2008 was 63.8%. Percentages were weighted by age, race, and sex to mirror the Utah adult population aged ≥18 years. Statistical significance of differences was determined by chi-square test.

In 2008, 20.8% of participants reported using at least one prescribed opioid medication during the preceding 12 months.† Of those who reported being prescribed an opioid, 71.0% said they were prescribed the drug for short-term pain, 14.7% said they were prescribed the drug for long-term pain, and 14.4% said they were prescribed the drug for both short-term and long-term pain.§ Receiving prescription opioids was more common among adults aged 35–64 years and most common among those aged 45–54 years (Figure).

Of respondents prescribed at least one opioid during the preceding 12 months, 72.0% had leftover medication¶ from their most recently filled prescription. Of those with leftover medication, 71.0% reported that they had kept the medication,** 25.2% had disposed of the medication, and 2.3% had given the medication to someone else (Table).

* Available at http://health.utah.gov/opha/publications/brfss/questionnaires/08utbrfss.pdf.

† In response to the questions, "In the past year, did you use any pain medications that were prescribed to you by a doctor?" and "In the past year, what pain medications were prescribed to you by a doctor?" All reported pain medications were noted. For this analysis, only prescription opioids were included.

§ Percentages do not add to 100.0% because of rounding.

¶ In response to the question, "The last time you filled a prescription for pain medication was there any medication left over?"

** In response to the question, "What did you do with the leftover prescription medication?"

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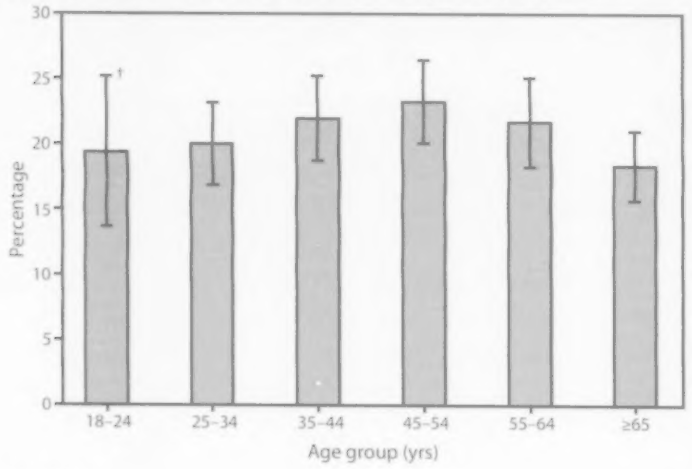
FIGURE. Percentage of respondents aged ≥18 years* who reported receiving a prescription opioid medication in the preceding 12 months, by type of pain and age group — Behavioral Risk Factor Surveillance System, Utah, 2008



* N = 5,330.
† 95% confidence interval.

Among respondents, 3.2% of those who had received a prescription opioid reported using the medication more frequently or in higher doses than directed by their doctor.††

In 2008, 1.8% of BRFSS respondents reported using prescription opioid medication that had not been prescribed for them. Of those respondents, 97.0% said they obtained the medication from a friend or relative, and 72.4% said they obtained it to relieve pain. When asked how the medication was obtained, 85.2% said the medication was given to them, 9.8% said the medication was taken without the knowledge or permission of the owner, and 4.1% said it was purchased (Table).§§ Persons aged 35–44 years were most likely to report using opioid medication that was not prescribed for them. The percentages

†† In response to the question, "The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?"

§§ In response to the question, "How did you obtain the prescription pain medication from this source [given to you, purchased, or taken without the person's knowledge or permission]?"

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TABLE. Percentage of respondents aged ≥18 years who reported using a prescription opioid medication in the preceding 12 months, by reported medication-related behaviors — Behavioral Risk Factor Surveillance System, Utah, 2008

Behavior	No.*	%†	(95% CI§)
Used opioid pain medication prescribed to respondent by a doctor	**5,330**	**20.8**	**(19.2–22.3)**
For last prescription fill, used opioid medication more frequently or in higher doses than prescribed	1,058	3.2	(1.6–4.7)
For last opioid prescription fill, had leftover medication	**1,058**	**72.0**	**(68.3–75.7)**
What did respondent do with leftover medication?	751		
Disposed of it		25.2	(21.0–29.5)
Gave it to someone else		2.3	(0.1–4.5)
Kept it		71.0	(66.4–75.6)
Other		1.5	(0.8–2.2)
For last opioid prescription fill, what type of pain was the indicated treatment?	1,058		
Short-term pain		71.0	(67.3–74.6)
Long-term pain		14.7	(12.2–17.2)
Both		14.4	(11.4–17.3)
Used opioid pain medications not prescribed to respondent	**5,330**	**1.8**	**(1.4–2.3)**
Reasons for using opioid pain medication not prescribed to respondent (multiple responses permitted)	93		
To relieve pain		72.4	(57.9–81.7)
For fun		15.3	(0.8–20.5)
To relieve anxiety		3.7	(0.6–5.5)
To relieve other physical symptom		2.2	(0–5.4)
Other		10.5	(9.5–29.2)
From whom did respondent obtain the opioid pain medication?	93		
Friend or relative		97.0	(94.3–99.8)
Acquaintance		1.8	(0–4.3)
Other		1.2	(0–2.6)
How was the opioid pain medication obtained?	93		
Given without charge		85.2	(73.3–97.2)
Took without knowledge or permission of owner		9.8	(0–20.7)
Purchased		4.1	(0–10.0)
Other		0.9	(0.4–1.4)

* Weighted by age, race, and sex to mirror the Utah adult population aged ≥18 years.
† Subgroup percentages might not add to 100.0% because of rounding.
§ Confidence interval.

of males and females reporting this behavior were approximately the same for all age groups with no statistically significant differences by sex.

Of respondents who reported they had been prescribed an opioid pain medication in the preceding 12 months, hydrocodone was the opioid most often prescribed (69.3% [95% confidence interval [CI] = 65.4%–73.0%]), followed by oxycodone (27.5% [CI = 23.7%–31.4%]). Of respondents who said their opioid prescription was for short-term pain, 71.0% (CI = 66.4%–75.6%) reported being prescribed hydrocodone, compared with 60.1% (CI = 51.7%–68.4%) of persons who said their prescription was for long-term pain (p = 0.01).

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Editorial Note

The findings in this report indicate that use of prescription pain medications is common in Utah, with 20.8% of respondents reporting they had been prescribed an opioid pain medication during the preceding 12 months. This percentage is comparable to the 18.4% of insured persons aged ≥18 years who reported receiving a prescription for opioids in a national study in 2002 (5). The findings in this report also indicate that a small percentage of persons (1.8%) obtained prescription opioids that had not been

What is already known on this topic?

In 2005, Utah had the highest rates in the nation of reported nonmedical use of pain relievers, as well as an increase in prescription opioid–related deaths.

What is added by this report?

An estimated 72% of respondents who were prescribed an opioid had leftover medication, and 71% of those with leftover medication kept it; during the same period, 97% of those who used opioids that were not prescribed to them said they received them from friends or relatives.

What are the implications for public health practice?

Utah has recommended that providers counsel patients to dispose of unused medication properly once the pain has resolved, and prescribe no more than the number of doses needed based on the usual duration of pain severe enough to require opioids for that condition.

prescribed for them, and the most common reason reported for using prescription opioids not prescribed to these persons was to relieve pain (72.4%). This report appears to be the first of its kind to use pain medication questions added to BRFSS, although Kansas added a module of questions regarding chronic pain in 2005 and 2007 with one follow-up question asking how the pain was treated. Additional studies can provide further understanding of the complexities of pain medication prescription practices and usage in other states. Because prescription practices might vary among states, such information likely will be valuable in formulating state and federal policies on opioid pain medication prescription and use.

During 1999–2007, deaths in Utah attributed to poisoning by prescription pain medications increased nearly 600%, from 39 in 1999 to 261 in 2007. Although the extent to which leftover medications contribute to overdose deaths is unknown, the 1.8% of respondents who reported using prescription opioids that had not been prescribed to them extrapolates to approximately 35,000 adults in Utah engaged in illegal and risky behavior (*6,7*). The findings from this survey also suggest that providers commonly prescribe more doses than are used by patients. Of respondents who received opioid pain prescriptions, 72.0% indicated they had leftover medication from their last refill, and 71.0% of those persons kept their medication. In 2009, the Utah Department of Health recommended that, when opioid medications are prescribed for treatment of acute pain, the number dispensed should be no more than the number of doses needed based on usual duration of pain severe enough to require opioids for that condition (*3*). Prescribing more medication than the amount likely to be needed can make unused medication available for misuse and abuse. However, the Utah Department of Health guidelines also acknowledge that undertreatment of pain is a serious public health problem and emphasizes the importance of balance in treating pain appropriately (*3*).

Despite the fact that sharing controlled substances is a felony in Utah (*7*), such sharing occurs. However, nearly all respondents who used someone else's medication received it from a friend or relative (97.0%), and when asked how the medication was obtained, 85.2% said they were given it without charge. These findings correspond with data from the National Survey on Drug Use and Health (NSDUH) showing that 56.5% of persons who used prescription pain medications nonmedically obtained them for free from family members or friends (*8*). One area for public health action is to educate patients to properly dispose of leftover medication (*9*). Disposing of leftover medication will prevent accidental use by children, pets, or anyone else (*9*) as well as prevent theft for misuse.

The findings in this report are subject to at least four limitations. First, BRFSS data are self-reported, and therefore subject to recall and social desirability bias. Second, interviews are conducted by landline telephone, and households without a landline telephone are excluded from the survey. Third, sample sizes for certain subgroups were small, and those results should be interpreted with caution. Finally, certain questions inquired into activities that respondents might be reluctant to discuss (e.g., using a prescription medication that had not been prescribed to them), which could result in social desirability bias and an underestimate.

Leftover opioid medications represent a potential danger that might be reduced with different prescribing practices and closer prescription monitoring (Box). Identifying and publicizing acceptable options for patients with leftover medications (e.g., mixing pills with an undesirable substance and throwing them in the garbage, or utilizing law enforcement drop boxes) also might increase frequency of proper disposal (*9*).

BOX. Measures to prevent misuse of opioid prescription medications

Providers can reduce the amount of opioid medication available for nonmedical use by

- Using opioid medications for acute or chronic pain only after determining that alternative therapies do not deliver adequate pain relief. The lowest effective dose of opioids should be used.
- Reserving use of long-acting or sustained-release opioids (e.g., OxyContin or methadone) for the treatment of long-term pain.
- Seeking specialty consultation if patients continue to experience severe pain without functional improvement despite treatment with opioids.
- Periodically requesting a report on the prescribing of opioids to their patients by other providers. Such reports generally are available from the state prescription drug monitoring program.

State and federal agencies can reduce the risks resulting from misuse of opioid analgesics by

- Making substance abuse treatment services widely available.
- Monitoring Medicaid prescription claims information for signs of inappropriate use of opioid medication (e.g., multiple prescriptions for the same medication from different physicians), and notifying the physicians that the patient might be misusing the medication.
- Proactively using state prescription drug monitoring programs to identify patients and providers with signs of inappropriate use, prescribing, or dispensing of opioid medications.

SOURCES: Chou R, Fanciullo GJ, Fine PG, et al; American Pain Society—American Academy of Pain Medicine Opioids Guidelines Panel. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. J Pain 2009;10:113–30.
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Syphilis Outbreak Among American Indians — Arizona, 2007–2009

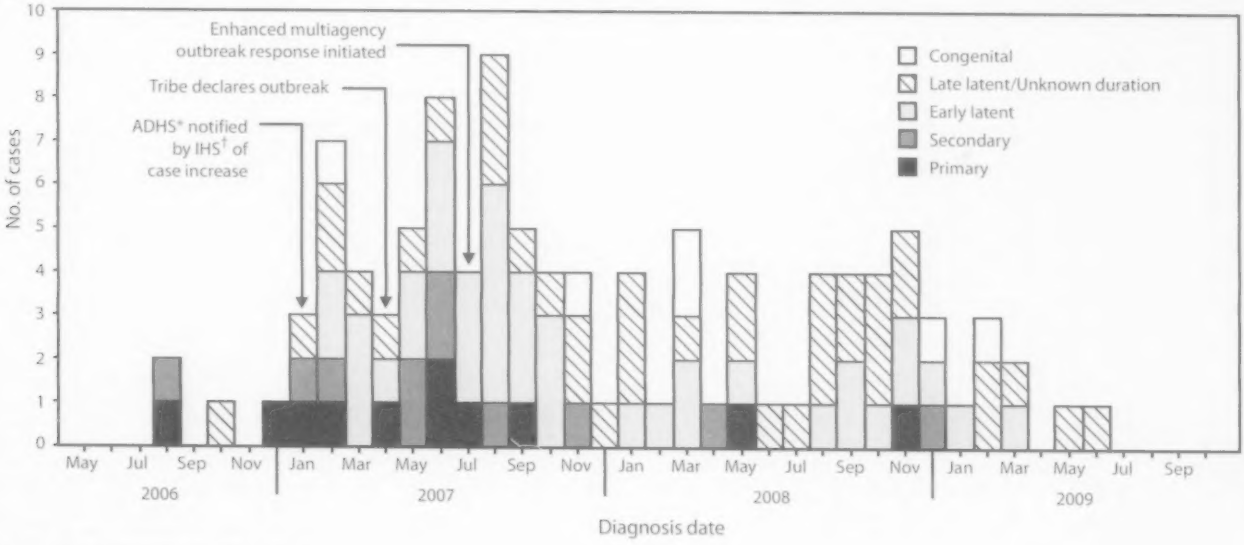
On January 25, 2007, an Indian Health Service (IHS) unit notified the Arizona Department of Health Services (ADHS) of five symptomatic syphilis cases (i.e., primary or secondary syphilis) that had occurred in members of a Southwest Indian Nation during the previous 6 months. By mid-April, three more cases had been identified. On April 18, 2007, the tribe declared an outbreak of syphilis and subsequently requested public health assistance from county, state, and federal agencies. On July 10, an enhanced, coordinated multiagency response to the outbreak began, involving tribal and Pima County health departments, IHS, ADHS, and CDC. This report summarizes the enhanced outbreak response, which identified a total of 106 cases of syphilis with onset from January 2007 to June 2009, including six congenital cases (two of them stillbirths). Initial communication gaps led to delays in response to this outbreak, but communication was improved through the formation of an outbreak response group that included members from county, state, and tribal health departments and IHS (*1*). For similar outbreaks in American Indian tribes, where various public health jurisdictions exist and often have concurrent responsibilities, formation of an outbreak response group can improve control efforts.

For the affected Indian tribe, primary responsibility for traditional public health activities has been held by the tribal health agency and IHS, which have employed community health educators and public health nurses. ADHS has conducted surveillance for all notifiable diseases through provider and laboratory reporting, and the health department in the county in which the tribe is located has performed all syphilis investigations. Before the enhanced outbreak response began on July 10, 2007, the only syphilis screening conducted in the tribe's population was for pregnant women, which was performed at the first prenatal visit. According to the state sexually transmitted disease (STD) surveillance database, no cases of primary or secondary syphilis had been reported in this tribe during the previous 10 years. A neighboring tribe was experiencing an increase in syphilis during the same time frame. After identification of the initial syphilis cases in January 2007, the county health department began conducting partner tracing for the cases and referring partners for testing and treatment to the local IHS facility, or to the county health department STD clinic.

Beginning July 10, 2007, as part of the enhanced outbreak response, CDC began training tribal community health representatives and IHS public health nurses to do STD case investigations and partner follow-up. At the same time, the outbreak response group began a new comprehensive syphilis, human immunodeficiency virus (HIV), chlamydia, and gonorrhea screening program on the reservation to include 1) clinic- and hospital-based screening of all persons aged 12–55 years receiving health care (including pregnant women), 2) screening of all incarcerated adults and juvenile detainees, 3) screening of students at seven high schools and of youths at six social events, 4) screening of all workers at two work sites, and 5) door-to-door screening in seven of the reservation's 11 districts. Members of the outbreak response group also established clinical standing orders for testing (using rapid plasma reagin) and empiric treatment of partners, conducted educational lectures for medical providers, distributed print and radio messages for the community, and gave education and testing sessions at local high schools, community events, and recreation centers. In September 2007, the state health department sent a letter to all Phoenix-area IHS providers notifying them of the outbreak and outlining recommendations regarding syphilis testing and treatment. In December 2007, the state health department sent a notice describing the outbreak to all 7,600 licensed medical providers in Arizona. This notice included syphilis symptom descriptions and screening recommendations for persons engaging in unprotected sex.

When the enhanced outbreak response began on July 10, a total of 35 cases of syphilis had been identified: 11 primary cases, three secondary, 12 early latent, seven late latent, one of unknown duration, and one congenital (Figure). By the end of the outbreak in June 2009, a total of 106 syphilis cases had been identified (11 primary, 11 secondary, 39 early latent, 24 late latent, 15 of unknown duration, and six congenital). Possible risk factors for syphilis identified among adult patients included having more than one sex partner (58%) or use of alcohol (69%), cocaine (44%), or methamphetamine (9%) in the year before diagnosis

FIGURE. Number of outbreak-associated syphilis cases (N = 106), by month and stage, among American Indian tribal members — Arizona, May 2006–October 2009



* Arizona Department of Health Services.
† Indian Health Service.

(*2*). Five of the patients identified themselves as men who have sex with men. Of the 100 cases among adults and adolescents, 69 were in females, 47 were in persons aged ≤25 years, and 20 were in persons aged 14–19 years. One infected sex partner was from the neighboring tribe that was experiencing a concurrent increase in syphilis.

As part of the enhanced outbreak response, public health investigators interviewed all 100 adult and adolescent syphilis patients to identify partners for testing and treatment referral. Among the 198 sex partners identified through interviews, 46 (23%) were determined to have previously identified and treated syphilis cases (Table 1), 34 (17%) were new syphilis cases (five primary, five secondary, 20 early latent, three of unknown duration, and one late latent); 36 (18%) received presumptive treatment for incubating syphilis. Of the 198 partners identified, only one was from the affected neighboring tribe.

As a result of the new syphilis screening program on the reservation, a total of 5,874 persons were tested, and 51 cases were detected. Another 21 cases were identified when persons voluntarily sought care, and 26 cases were identified via partner notification efforts (Table 2). After the enhanced outbreak response was initiated, infectious primary and secondary cases continued to be identified, the last one occurring in December 2008 (Figure). The monthly incidence declined in early 2009, and the last syphilis case was diagnosed in June 2009.

Before this outbreak began in January 2007, the statewide incidence of primary and secondary syphilis had been decreasing among American Indians in Arizona, from 19 cases (6.7 cases per 100,000 population) in 2004 to 14 cases in 2005 (*4*). In 2006, statewide cases for American Indian/Alaska Native (AI/AN) populations rose to 17 and to 34 (10.1 cases per 100,000) in 2007. Cases attributable to the outbreak represented 44% of all primary and secondary syphilis cases among American Indians in Arizona in 2007 (*4*). The primary and secondary syphilis rate for the affected tribe during 2007 reached 75 cases per 100,000 (*4*), compared with a statewide rate of 4.8 cases per 100,000 (*5*).

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TABLE 1. Outcome for named partners (N = 198) in American Indian tribal outbreak-associated syphilis cases — Arizona, August 2, 2006–June 30, 2009

Outcome	No.	(%)*
Presumptive treatment†	36	(18)
Diagnosed with syphilis/received treatment§	34	(17)
Syphilis stage (diagnosed partners)		
Primary	5	
Secondary	5	
Early latent	20	
Unknown duration	3	
Late latent	1	
Partners previously diagnosed and treated for syphilis (before patient interview)¶	47	(24)
Negative test** (not treated for syphilis)	32	(16)
Could not be located	37	(19)
Other dispositions††	6	(3)
Refused examination	3	(2)
Remain under investigation	3	(2)

* Percentages might not total 100% because of rounding.
† Seronegative partners who received treatment for possible incubating syphilis.
§ Partners with diagnosed syphilis after health department interview of the index patient.
¶ Partners with diagnosed syphilis before health department interview of the index patient.
** Partners tested and found to be negative for syphilis.
†† Other dispositions per CDC sexually transmitted diseases/human immunodeficiency virus interview record form.

TABLE 2. Method of detection of adult and adolescent syphilis cases (N = 100) among American Indian tribal members, by stage of disease — Arizona, August 2, 2006–June 30, 2009

Case-finding method	No. of screening tests performed	No. of cases detected
Screening	5,874	53
IHS hospital/clinic*	4,511	40
Primary		1
Secondary		1
Early latent		17
Unknown duration		3
Late latent		18
Community outreach†	406	3
Primary		0
Secondary		0
Early latent		1
Unknown duration		2
Late latent		
School	650	3
Primary		0
Secondary		0
Early latent		2
Unknown duration		1
Late latent		0
Jail/Prison/Juvenile detention/ Drug treatment	307	7
Primary		1
Secondary		0
Early latent		2
Unknown duration		2
Late latent		2
Nonscreening		47
Case sought care for syphilis signs/symptoms		14
Primary		8
Secondary		6
Early latent		0
Unknown duration		0
Late latent		0
Case sought care for suspected exposure		7
Primary		0
Secondary		0
Early latent		2
Unknown duration		4
Late latent		1
Partner/Contact referral§		26
Primary		1
Secondary		4
Early latent		15
Unknown duration		3
Late latent		3

* Indian Health Service; includes seven adult females diagnosed during prenatal testing and two adult females diagnosed at time of delivery.
† Includes youth social events, door-to-door screening, and work site testing.
§ The case was referred either by the infected partner or the health department after the original case interview.

Editorial Note

Nationally, the majority of cases of primary and secondary syphilis have occurred in men who have sex with men aged 35–44 years (*5*). Among AI/ANs, the majority of such cases have occurred among males (*6*). This outbreak represents a different situation, with 69% of cases occurring in females and 47% occurring in persons aged ≤25 years. The reason for differences in epidemiology for this outbreak could not be determined.

The investigation of this syphilis outbreak identified opportunities for school and community-based STD education and screening and for expanded local disease investigation capacity. In addition, a health-care facility–based screening program facilitated the screening of more than half of the estimated adult population of this tribe (*4*). Measures used to identify undiagnosed syphilis cases as part of the enhanced outbreak response included partner notification, medical provider education on symptom recognition and treatment, and community-, hospital-, and school-based education and screening after identification of sentinel symptomatic cases (*1,7,8*). After these interventions, the number of infectious syphilis cases declined, although the decline was gradual during a period of 18 months and the specific contribution of

What is already known on this topic?

Syphilis outbreak response requires coordinated and expeditious surveillance, partner services, screening of at-risk populations, and diagnosis and treatment.

What is added by this report?

A coordinated response among tribal, Indian Health Service, county, state, and federal agencies, which included local training and technical assistance, identified 100 adult and adolescent and six congenital syphilis cases (including two stillbirths).

What are the implications for public health practice?

For certain sexually transmitted disease outbreaks in American Indian tribes, where various public health jurisdictions might have concurrent responsibilities, formation of an outbreak response group that includes tribal and IHS representatives and the state and local health departments, can improve control efforts.

these interventions to the decline cannot be determined. Traditional partner investigation remained a mainstay of the response and identified approximately half of the total cases and half of the infectious cases (primary and secondary stages). Most of the other cases (approximately 3% of the infectious cases) were identified through clinic-based and community-based screening. Although health-care facility–based screening was simpler and required fewer resources, community outreach screening identified several adolescent patients from schools and youth social events.

Inadequate communication among state, county, and tribal health departments and IHS during the initial part of the outbreak contributed to a delayed response to the outbreak. Initial challenges also included lack of an IHS or tribal public health entity to coordinate the outbreak investigation, limited knowledge of STD contact investigations among tribal and IHS providers at the time of initial case identification, and strained public health working relationships between the tribe and the IHS service unit. The formation of an outbreak response group allowed coordination of outbreak control activities. Improved communication and IHS and tribal ability to conduct STD case investigations now have enhanced local capacity to respond to outbreaks (A. Fallon, IHS, personal communication, 2009).

STDs, including syphilis, impose a substantial burden on AI/AN populations and the IHS health-care system. In 2007, among all races and ethnicities, AI/ANs had the second highest rates of chlamydia and gonorrhea nationally (733 cases per 100,000 population and 107 cases per 100,000, respectively), and the third highest rate of primary and secondary syphilis (3.4 cases per 100,000) (*6*). In addition, reported case rates of chlamydia, gonorrhea, and primary and secondary syphilis among AI/ANs were two to five times higher than rates for whites (*6*).

Few American Indian tribes have departments of public health, primarily because of limited resources (*9*). This outbreak of syphilis demonstrated the need for a better mechanism to respond to disease outbreaks in affected tribes. Tribal health departments and IHS should designate personnel to serve as surveillance contacts to assist county and state health departments in controlling outbreaks of STDs and other infectious diseases among American Indians (*10*).

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Outbreak of 2009 Pandemic Influenza A (H1N1) on a Peruvian Navy Ship — June–July 2009

On June 25, 2009, a naval cadet reported to the infirmary of a 355-crewman Peruvian Navy ship with a febrile acute respiratory infection (FARI) 5 days after the ship docked in San Francisco, California. Pandemic 2009 influenza A (H1N1) virus was suspected as the cause because it was circulating in the city at that time. A test for pandemic H1N1 by real-time reverse transcription–polymerase chain reaction (rRT-PCR) was positive. During the subsequent 3 weeks, as the ship continued its cruise, 77 additional crew members developed confirmed pandemic H1N1 influenza. The U.S. Naval Medical Research Center Detachment (NMRCD), in collaboration with the Peruvian Navy, conducted an investigation to describe the outbreak and determine the attack rate for pandemic H1N1 influenza on the ship. This report summarizes the results of that investigation, which indicated that, of the 85 patients with FARI, 78 (92%) tested positive for pandemic H1N1 by rRT-PCR. The attack rate for confirmed pandemic H1N1 influenza was 22.0%. The most frequent symptoms, other than fever, were cough, headache, nasal congestion, and malaise. No complications or deaths occurred. Patients were treated according to World Health Organization (WHO) influenza treatment guidelines*; six patients received antiviral medication because of preexisting comorbidities. A shipboard respiratory surveillance program, which had been implemented aboard the ship before its departure from Peru, permitted the early detection of the outbreak. Subsequent implementation of control measures might have slowed the outbreak. Laboratory disease surveillance and adequate outbreak control procedures might reduce transmission of pandemic H1N1 influenza aboard ships.

Since 2002, the Peruvian Navy training ship ATC 131 has been making trips with second and fourth-year Peruvian Navy cadets visiting many ports of the world. In May 2009, the ship cruised from Peru to San Francisco via Ecuador and Costa Rica, stopped in San Francisco, (docked in port during June 20–24), and returned to Peru via Mexico (July 1–5) and Panama (July 10–12). In each port, the crew went ashore for protocol or visiting activities. Before the ship departed Peru, the crowded living conditions and difficulties in maintaining hygiene aboard ship prompted the Peruvian Navy to implement a respiratory surveillance program. Health personnel were trained on FARI diagnosis (oral temperature ≥100.5°F [≥38.1°C] and cough or sore throat) and respiratory swab specimen collection techniques. In addition, crew members were encouraged to seek medical attention through the ship's infirmary as soon as they developed signs or symptoms of respiratory illness (e.g., fever, cough, or sore throat). Personnel were provided with personal protective equipment (PPE) and were trained in proper respiratory hygiene.

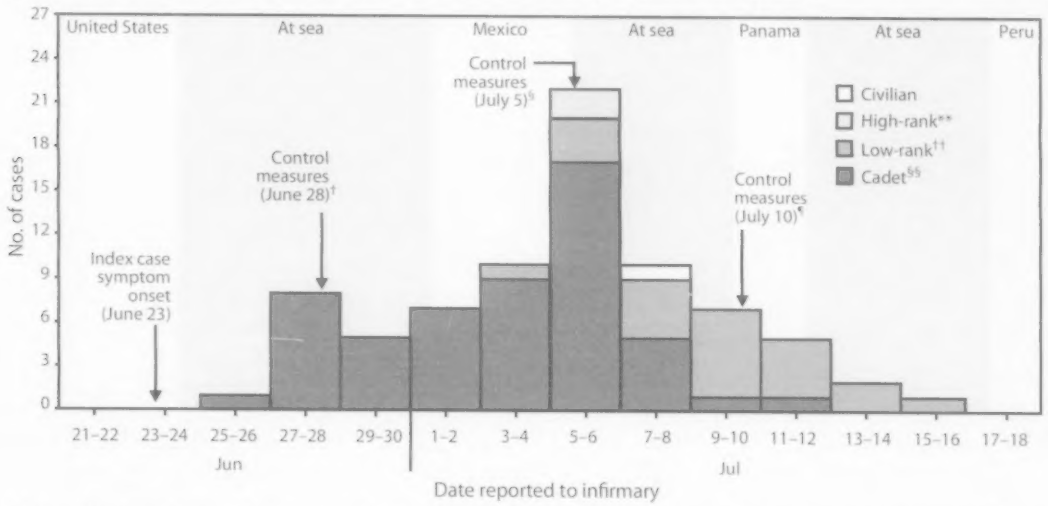
Six weeks after departure, on June 25, 2009, 1 day after the ship set sail from San Francisco, one crew member reported to the infirmary with a 2-day history of fever of 101.3°F (38.5°C), sore throat, nasal congestion, headache, malaise, and cough after at least a 1-day visit ashore in San Francisco. After undergoing a negative rapid influenza test, the patient was discharged from the infirmary with symptomatic treatment but was not placed in isolation. Two days later, on June 27, another crew member reported to the infirmary with similar symptoms that had begun 1 day before, including a temperature of 102.9°F (39.4°C); however, he tested positive for influenza A with the rapid test. This second patient shared living quarters with the first patient. The first patient was then retested with a rapid test and was found to be positive for influenza A (Figure).† The two patients were placed in isolation and given symptomatic medication. This incident alerted the staff on board to a possible pandemic H1N1 outbreak.

During June 28–July 4, during the stopover in Mexico, 33 additional crew members reported to the infirmary with FARI symptoms. The first six underwent respiratory swab testing, and all six swabs tested positive for pandemic H1N1 using rRT-PCR by local health port authorities in Mexico. The other patients were presumed to have pandemic H1N1 infection. A case definition was then instituted. A case of pandemic H1N1 influenza was defined as illness in a person with

* Available at http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_RMD_2004_8/en/index.html.

† Specimens for both patients were tested using the QuickVue Influenza A+B test kit (Quidel Corporation, San Diego, California).

FIGURE. Number of confirmed cases of 2009 pandemic influenza A (H1N1) virus infection (N = 78),* by rank and date patient reported to the ship's infirmary, during an outbreak on a Peruvian Navy ship — June–July 2009



* A case of pandemic H1N1 influenza was defined as illness in a person with symptoms of febrile acute respiratory infection (FARI) and laboratory-confirmed H1N1 infection by real-time reverse transcription–polymerase chain reaction (rRT-PCR). Specimens from all patients with FARI symptoms were then tested for pandemic H1N1 influenza by rRT-PCR and viral isolation at the Naval Medical Research Center Detachment in Lima after the ship had returned to Peru on July 17. All specimens were kept in liquid nitrogen until tested.

† Patients were placed in isolation and given symptomatic medication.

§ Personnel were restricted regarding their movements on ship. An additional deck, adjacent to the infirmary, was made available for patient isolation. Patients were given masks, recommendations regarding water and soap hygiene, and alcohol-based hand gel sanitizers. All remaining crew members were screened daily for possible cases.

¶ All onboard personnel received additional biosafety training and materials, and were re-instructed in proper respiratory hygiene.

** Defined as junior, senior, and flag officers.

†† Defined as warrant officers, petty officers, and enlisted personnel.

§§ Defined as 2nd and 4th year trainee officers in the Peruvian Naval Academy.

FARI symptoms and laboratory-confirmed H1N1 infection by rRT-PCR. All respiratory swab samples from patients with FARI symptoms were then tested for pandemic H1N1 influenza by rRT-PCR and viral isolation at NMRCD after the ship had returned to Peru on July 17.

All subsequent patients with FARI symptoms had specimens tested for pandemic H1N1 influenza by rRT-PCR and viral isolation. The specimens were stored frozen in liquid nitrogen (at approximately -180°C) until they were tested at NMRCD after the ship returned to Peru on July 17.

During July 5–11, an additional 41 crew members reported to the infirmary with FARI symptoms. An additional deck, adjacent to the infirmary, was made available for patient isolation. Patients were isolated for a minimum of 7 days (range: 7–9 days) or until symptoms resolved. All patients were given masks to help prevent them from spreading the virus to susceptible persons and were required to wear the mask for at least 5 days after discharge from the isolation facility. In addition to being recommended water and soap hygiene, all patients were provided with alcohol-based hand gel sanitizers to help reduce respiratory illness transmission (*1*). All remaining crew members were actively screened daily for FARI through a clinician-patient interview and by taking their oral temperatures; those who had at least one respiratory symptom were placed in isolation, given hand sanitizers and masks, and were monitored daily for additional symptoms. Upon docking in Panama on July 10, all onboard personnel were re-instructed in proper respiratory hygiene and given additional PPE. The following week, after departing from Panama, nine additional FARI cases were detected. The last case detected on the ship was in a patient who reported to the infirmary on July 16. All respiratory swab samples were stored in liquid nitrogen in the infirmary until they could be tested later at NMRCD laboratories.

Among 355 crew members, a total of 78 cases of pandemic H1N1 were confirmed by rRT-PCR. The attack rate was 22.0% (78 of 355) (Table). Respiratory

swab specimens from seven patients with FARI tested negative for pandemic H1N1 by rRT-PCR. Attack rates varied by rank and age group (p<0.001, by chi-square and Fisher's exact test, respectively), with the highest values among cadets (31.4%), low-rank officers (i.e., warrant officers, petty officers, and enlisted personnel) (14.3%), and persons aged 18–25 years (30.1%). No difference in attack rates was observed between males and females (p=0.838, by chi-square test).

The mean age of patients with laboratory-confirmed cases was 25.5 years (range: 17.1–33.9 years), which was not different from that of the asymptomatic crew (p=0.051, by t-test). The mean temperature was 101.5°F (38.6°C) (range: 100.6–102.4°F [38.1–39.1°C]); mean number of days between onset of symptoms and presentation to the infirmary was 1.6 days (range: 0.8–2.4 days). The most frequent symptoms included cough and headache (both 75%), malaise (74%), nasal congestion (73%), and sore throat (55%); 99% of patients had been vaccinated against seasonal influenza (Agrippal S-1 inactivated subunit influenza vaccine, types A and B) before deployment. No complications or deaths occurred. Of the 78 patients, six received oseltamivir (75 mg twice daily) based on risk factor assessment and WHO treatment guidelines.

TABLE. Attack rates of 2009 pandemic influenza A (H1N1) virus infection,* by sex, rank, and age group, during an outbreak on a Peruvian Navy ship — June–July 2009

Characteristic	Ship's population	H1N1 positive	Attack rate (%)	p value†
All cases	355	78	22.0	
Sex				0.838
Male	321	71	22.1	
Female	34	7	20.6	
Rank				<0.001
Civilian	10	1	10.0	
Cadet§	172	54	31.4	
Low-rank¶	147	21	14.3	
High-rank**	26	2	7.7	
Age group (yrs)				<0.001
18–25	196	59	30.1	
26–35	84	8	9.5	
36–45	38	7	18.4	
≥46	37	4	10.8	

* A case of pandemic H1N1 influenza was defined as illness in a person with symptoms of febrile acute respiratory infection (FARI) and laboratory-confirmed H1N1 infection by real-time reverse transcription–polymerase chain reaction (rRT-PCR). Specimens from all patients with FARI symptoms were secondarily tested for pandemic H1N1 influenza by rRT-PCR and viral isolation at the Naval Medical Research Center Detachment in Lima after the ship had returned to Peru on July 17. All specimens were kept in liquid nitrogen until tested.

† p value, by chi-square or Fisher's exact test.

§ Defined as 2nd and 4th year trainee officers in the Peruvian Naval Academy.

¶ Defined as warrant officers, petty officers, and enlisted personnel.

** Defined as junior, senior, and flag officers.

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Editorial Note

The shipboard pandemic H1N1 influenza outbreak described in this report likely began on June 25, 2009, 5 days after the ship docked in San Francisco. At the time the ship was docked in San Francisco, pandemic H1N1 was circulating throughout the city, and several infected patients might have been simultaneously exposed to infected persons ashore. Shipboard personnel have been known to acquire respiratory illnesses while in port, with subsequent spread to susceptible shipmates (*2*). The attack rate for the outbreak was 22.0%, somewhat lower than attack rates for influenza outbreaks in other similar, confined settings (37.0%–45.0%) (*3,4*) and lower than the attack rates in two other reported shipborne outbreaks of seasonal influenza (34.0%–77.0%) (*2,5*). Some of these previous outbreaks occurred aboard navy ships, among previously vaccinated crew members, and showed rapid spread of the virus in confined populations, despite appropriate vaccination. Although the majority of the crew members on the Peruvian ship were vaccinated against seasonal influenza, vaccination would not be expected to protect against pandemic H1N1. This result is not surprising and is consistent with previous findings.§ High influenza attack rates also have been described aboard passenger ships, where viral transmission is favored by close confinement (*6*). The relatively

§ Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5844a5.htm.

What is already known on this topic?

Influenza can disseminate rapidly within populations living in confined settings, causing considerable morbidity and loss of work days among young adults and disrupting daily activities affecting the preparedness of military units.

What is added by this report?

An outbreak of pandemic H1N1 influenza occurred on a Peruvian naval ship over a period of 3 weeks; the attack rate for laboratory-confirmed infection was 22.0%, and lower-ranking personnel had higher attack rates than higher-ranked personnel.

What are the implications for public health practice?

Laboratory disease surveillance and adequate outbreak response procedures, in conjunction with aggressively controlling respiratory illnesses within confined military settings, such as naval vessels, should be considered as part of health policies aimed at reducing the transmission of these infections.

lower attack rate described in this outbreak might be explained by the early detection of the causative agent and the timely implementation of control measures by onboard health-care personnel.

The increased risk for disease transmission among low-rank personnel on navy ships has been observed previously (*7*). In this outbreak, the highest attack rates were among cadets and low-rank officers. Cadets had an attack rate twice that of low-rank officers, possibly because of the differences in living conditions aboard the ship. Bunk beds in cadet bunkers are closer together than those in low-rank officer bunkers, making possible higher disease transmission among cadets. Also, the physical proximity among crew members was higher during work hours among cadets and low-rank officers than among high-rank officers (i.e., junior, senior, and flag officers) and civilians.

A lag occurred between the onset of symptoms and presentation to the ship's infirmary, with a 2-day average. This might be explained by the propensity of crew members to intentionally neglect or hide their symptoms to avoid being placed in isolation in the infirmary while the ship is docked.

Crowding, rigorous working environments, physiologic stress, and the rapid transport of large numbers of persons provide ideal conditions for transmission and broad dissemination of respiratory disease pathogens (*8*). Because all of these are commonly occurring factors aboard naval ships, such populations might experience high rates of influenza illness during outbreaks (*9*). These findings highlight the importance of a robust respiratory surveillance system on board ships traveling to foreign ports. The findings also emphasize the crucial role of continuous surveillance for respiratory disease in the military because rapid detection is a major factor of successful intervention. Surveillance, particularly in these populations, can be extremely important for timely detection of outbreaks and adequate implementation of control measures, ultimately preventing potential dissemination back to their country of origin (*10*).

Acknowledgments

The findings in this report are based, in part, on contributions by M del Pilar Cabrera, MD, C Choncen, MD, H Dapello, DDS, N Cueva, J Rengifo, C Carhuamaca, S Castro, C Salcedo, and MA Esquivel, Peruvian Navy Health Directorate.

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Announcement

American Heart Month — February 2010

February is American Heart Month. Heart disease is the leading cause of death in the United States. During 2010, an estimated 610,000 persons in the United States will have a first myocardial infarction (MI) and 325,000 will have a repeat event (*1*). MI survivors can reduce their risk for another MI through secondary prevention measures that include cardiac rehabilitation, an effective and underused approach to reducing multiple risk factors for heart disease (*2*).

CDC funds heart disease and stroke prevention programs in health departments in 41 states and the District of Columbia. A primary activity of these programs is conducting campaigns to increase public awareness of MI signs and symptoms and the importance of calling 9-1-1 when experiencing these symptoms.

Information regarding heart disease is available from the American Heart Association at http://www.americanheart.org, and from the National Heart, Lung, and Blood Institute at http://www.nhlbi.nih.gov. Information regarding CDC heart disease programs is available at http://www.cdc.gov/dhdsp.

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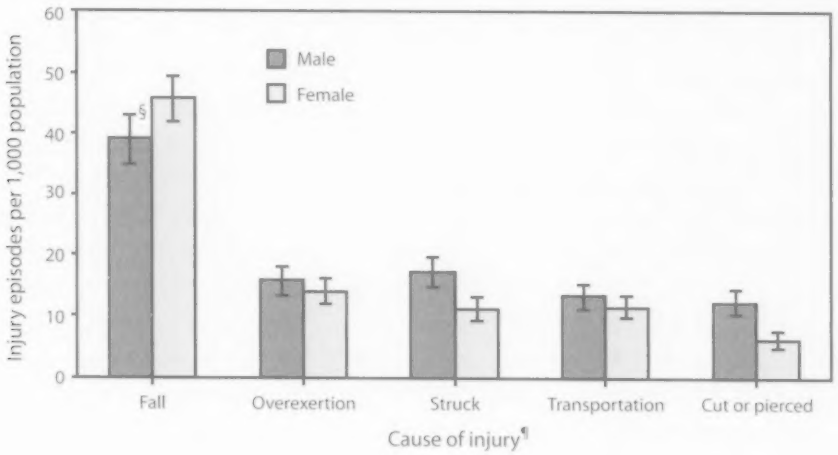
Erratum: Vol. 59, No. 5

In the report, "Progress in Immunization Information Systems — United States, 2008," an error occurred in the figure on page 134. The state of Maryland should be shaded to indicate a participation rate of 34%–66%.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Annual Rate* of Injury Episodes† for Leading Causes of Injury, by Sex — National Health Interview Survey, United States, 2004–2007



* Rates are average annual estimates and are age adjusted using the 2000 U.S. standard population and the following age groups: <15 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, and ≥75 years.
† Episodes of physical damage to the body from external causes resulting from traumatic events, which can include intentional or unintentional injuries. Estimates are based on responses to a series of questions asked during a household interview of a sample of the civilian, noninstitutionalized U.S. population and are for nonfatal, medically attended injuries during the 5 weeks preceding the interview.
§ 95% confidence interval.
¶ "Overexertion" denotes excessive physical exercise or strenuous movements in recreational or other activities; "struck" denotes being struck by or against an object or person; "transportation" denotes trauma involving motor vehicles, bicycles, motorcycles, pedestrians, trains, boats, and airplanes; and "cut or pierced" denotes being cut or pierced by instruments or objects.

During 2004–2007, falls were the leading cause of injury, accounting for nearly 40% of all injuries and more than twice as many injuries as any other cause. Falls were the leading cause for both males and females, but the age-adjusted injury rate for falls was 17% higher among females than males. In contrast, the age-adjusted injury rate for being struck was 35% lower among females than males, and the injury rate for being cut or pierced was 50% lower among females than males.

SOURCE: Chen LH, Warner M, Fingerhut L, Makuc D. Injury episodes and circumstances: National Health Interview Survey, 1997–2007. Vital Health Stat 2009;10(241). Available at http://www.cdc.gov/nchs/data/series/sr_10/sr10_241.pdf.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending February 13, 2010 (6th week)*

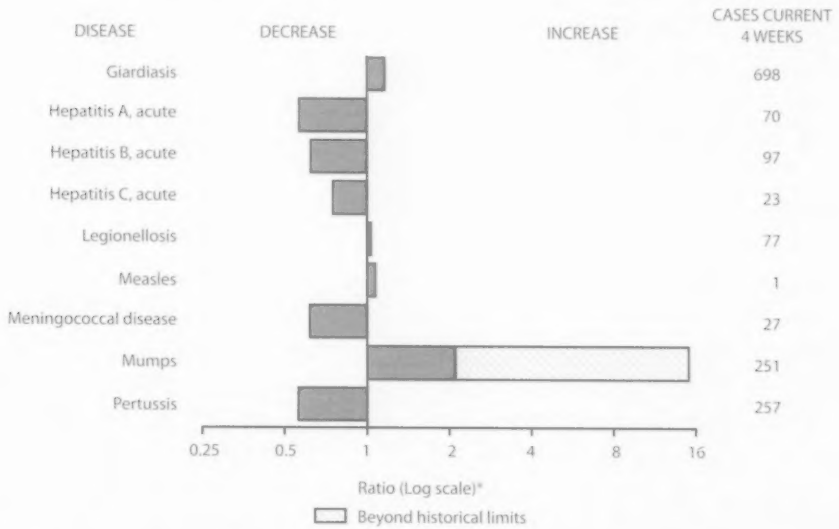
Disease	Current week	Cum 2010	5-year weekly average†	Total cases reported for previous years 2009	2008	2007	2006	2005	States reporting cases during current week (No.)
Anthrax	—	—	0	—	—	1	1	—	
Botulism, total	—	4	2	99	145	144	165	135	
foodborne	—	—	0	11	17	32	20	19	
infant	—	4	2	64	109	85	97	85	
other (wound and unspecified)	—	—	1	24	19	27	48	31	
Brucellosis	—	4	1	110	80	131	121	120	
Chancroid	—	11	1	46	25	23	33	17	
Cholera	—	—	—	8	5	7	9	8	
Cyclosporiasis§	1	4	2	127	139	93	137	543	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	—	0	47	62	55	67	80	
Eastern equine encephalitis virus disease	—	—	—	4	4	4	8	21	
Powassan virus disease	—	—	—	4	2	7	1	1	
St. Louis encephalitis virus disease	—	—	—	11	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	1	1	26	30	22	29	9	
nonserotype b	—	16	4	215	244	199	175	135	
unknown serotype	1	28	5	230	163	180	179	217	NY (1)
Hansen disease§	—	6	2	62	80	101	66	87	
Hantavirus pulmonary syndrome§	—	1	0	13	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	1	7	2	227	330	292	288	221	CA (1)
HIV infection, pediatric (age <13 yrs)††	—	—	3	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	2	35	3	321	90	77	43	45	GA (1), NY (1)
Listeriosis	12	42	9	781	759	808	884	896	PA (1), GA (1), FL (5), WA (1), OR (3), CA (1)
Measles¶¶	—	1	1	63	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	1	18	8	282	330	325	318	297	WA (1)
serogroup B	1	7	4	148	188	167	193	156	VA (1)
other serogroup	—	—	1	23	38	35	32	27	
unknown serogroup	5	48	15	476	616	550	651	765	PA (1), OR (2), CA (2)
Mumps	39	296	13	1,338	454	800	6,584	314	NY (39)
Novel influenza A virus infections†††	—	—	0	43,771	2	4	NN	NN	
Plague	—	—	—	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	—	—	—	—	1	
Polio virus infection, nonparalytic§	—	—	—	—	—	—	NN	NN	
Psittacosis§	—	1	0	9	8	12	21	16	
Q fever, total§,§§§	—	1	2	101	120	171	169	136	
acute	—	1	1	85	106	—	—	—	
chronic	—	—	0	16	14	—	—	—	
Rabies, human	—	—	0	4	2	1	3	2	
Rubella¶¶¶	—	1	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	1	—	—	1	1	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	3	10	3	133	157	132	125	129	OH (1), KY (2)
Syphilis, congenital (age <1 yr)	—	7	7	298	431	430	349	329	
Tetanus	—	—	0	16	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	—	8	2	75	71	92	101	90	
Trichinellosis	—	—	0	12	39	5	15	16	
Tularemia	—	—	0	86	123	137	95	154	
Typhoid fever	7	32	6	342	449	434	353	324	PA (1), FL (1), WA (3), CA (2)
Vancomycin-intermediate *Staphylococcus aureus*§	—	4	1	71	63	37	6	2	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	—	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	2	9	1	662	588	549	NN	NN	FL (1), CA (1)
Viral Hemorrhagic Fever††††	—	—	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending February 13, 2010 (6th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
* Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 through 2008 are finalized.
† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.
§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 277 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 262 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 132 influenza-associated pediatric deaths occurring during the 2008-09 influenza season have been reported.
¶¶ No measles cases were reported for the current week.
*** Data for meningococcal disease (all serogroups) are available in Table II.
††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. CDC will report the total number of 2009 pandemic influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (http://www.cdc.gov/h1n1flu). In addition, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC during 2009.
§§§ In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
¶¶¶ No rubella cases were reported for the current week.
**** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.
†††† There were no cases of Viral Hemorrhagic Fever during week one. See Table II for Dengue Hemorrhagic Fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals February 13, 2010, with historical data



* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	7,555	23,200	27,445	89,758	145,414	42	113	261	429	479
New England	227	762	1,201	2,800	4,592	—	6	23	19	63
Connecticut	—	224	531	81	971	—	0	3	3	38
Maine†	—	47	75	184	339	—	1	4	9	3
Massachusetts	147	377	767	2,019	2,559	—	2	16	—	13
New Hampshire	—	38	58	27	270	—	1	5	2	6
Rhode Island†	57	65	244	373	322	—	0	8	—	1
Vermont†	23	23	63	116	131	—	1	9	5	2
Mid. Atlantic	1,184	3,004	4,299	15,632	17,693	2	14	37	43	50
New Jersey	143	408	630	1,383	3,090	—	0	5	—	4
New York (Upstate)	636	608	2,067	2,998	2,692	1	3	18	8	17
New York City	—	1,180	1,956	6,639	6,928	—	1	5	3	11
Pennsylvania	405	820	988	4,612	4,983	1	9	19	32	18
E.N. Central	1,385	3,347	4,281	10,740	24,116	5	26	54	96	118
Illinois	—	1,027	1,219	137	7,610	—	2	8	7	15
Indiana	—	402	694	685	2,506	—	3	9	—	19
Michigan	1,085	872	1,332	5,737	5,799	1	6	11	30	26
Ohio	79	475	1,025	2,268	5,895	4	7	16	32	30
Wisconsin	221	389	480	1,913	2,306	—	8	24	27	28
W.N. Central	38	1,319	1,700	4,708	8,102	2	18	61	50	41
Iowa	6	172	252	320	1,206	—	3	14	10	9
Kansas	32	192	561	874	1,095	—	2	6	8	4
Minnesota	—	266	338	539	1,763	—	5	34	13	8
Missouri	—	508	638	2,352	2,915	2	3	12	10	9
Nebraska†	—	107	236	520	576	—	2	9	6	5
North Dakota	—	32	92	103	177	—	0	5	—	—
South Dakota	—	50	80	—	370	—	1	10	3	6
S. Atlantic	2,077	4,646	6,207	16,441	27,501	17	17	47	105	111
Delaware	49	86	180	451	668	—	0	2	1	—
District of Columbia	41	122	180	515	902	—	0	1	—	1
Florida	650	1,414	1,671	6,942	8,461	7	7	24	42	34
Georgia	—	682	1,150	38	3,908	10	5	29	55	48
Maryland†	101	439	1,000	1,567	2,169	—	0	5	—	4
North Carolina	—	694	1,265	—	4,961	—	0	8	—	15
South Carolina†	603	523	1,421	3,202	3,029	—	1	7	4	2
Virginia†	613	602	926	3,386	2,922	—	1	7	1	6
West Virginia	20	68	136	340	481	—	0	2	2	1
E.S. Central	1,129	1,734	2,220	7,211	10,626	2	4	10	13	12
Alabama†	—	465	629	807	2,749	—	1	5	1	3
Kentucky	161	241	642	898	1,486	2	1	4	8	2
Mississippi	336	445	840	2,304	2,909	—	0	3	—	3
Tennessee†	632	568	808	3,202	3,482	—	1	5	4	4
W.S. Central	183	3,089	5,792	16,101	19,180	4	8	36	14	14
Arkansas†	183	271	416	1,393	1,853	1	1	5	5	1
Louisiana	—	514	928	1,924	4,046	—	0	6	—	—
Oklahoma	—	187	2,714	2,165	804	3	2	9	4	2
Texas†	—	2,041	2,989	10,619	12,477	—	5	21	5	11
Mountain	131	1,398	2,096	2,523	8,376	—	9	26	45	28
Arizona	—	491	755	479	2,670	—	0	3	2	4
Colorado	—	266	689	—	2,102	—	2	10	14	6
Idaho†	—	64	184	127	410	—	1	7	11	2
Montana†	10	55	86	271	389	—	1	4	6	2
Nevada†	108	175	478	949	1,100	—	0	2	1	—
New Mexico†	—	178	344	335	695	—	2	8	4	11
Utah	13	112	145	362	803	—	0	4	5	1
Wyoming†	—	34	69	—	207	—	0	2	2	2
Pacific	1,201	3,537	4,299	13,602	25,228	10	14	24	44	42
Alaska	—	98	128	391	681	—	0	1	1	1
California	894	2,681	3,429	10,193	19,875	8	8	20	24	24
Hawaii	—	119	147	272	674	—	0	1	—	—
Oregon	—	220	468	1,035	1,038	1	3	10	13	15
Washington	307	394	525	1,711	2,960	1	1	8	6	2
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	133	331	530	889	N	0	0	N	N
U.S. Virgin Islands	—	8	17	19	26	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever					Dengue Hemorrhagic Fever†				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	—	0	2	4	NN	—	0	0	—	NN
New England	—	0	1	1	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine§	—	0	1	1	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island§	—	0	0	—	NN	—	0	0	—	NN
Vermont§	—	0	0	—	NN	—	0	0	—	NN
Mid. Atlantic	—	0	1	1	NN	—	0	0	—	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	0	0	—	NN	—	0	0	—	NN
Pennsylvania	—	0	1	1	NN	—	0	0	—	NN
E.N. Central	—	0	1	1	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	0	—	NN	—	0	0	—	NN
Michigan	—	0	0	—	NN	—	0	0	—	NN
Ohio	—	0	1	1	NN	—	0	0	—	NN
Wisconsin	—	0	0	—	NN	—	0	0	—	NN
W.N. Central	—	0	0	—	NN	—	0	0	—	NN
Iowa	—	0	0	—	NN	—	0	0	—	NN
Kansas	—	0	0	—	NN	—	0	0	—	NN
Minnesota	—	0	0	—	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska§	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	0	—	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	0	0	—	NN	—	0	0	—	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	0	—	NN	—	0	0	—	NN
Georgia	—	0	0	—	NN	—	0	0	—	NN
Maryland§	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	0	—	NN	—	0	0	—	NN
South Carolina§	—	0	0	—	NN	—	0	0	—	NN
Virginia§	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	0	—	NN	—	0	0	—	NN
E.S. Central	—	0	0	—	NN	—	0	0	—	NN
Alabama§	—	0	0	—	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee§	—	0	0	—	NN	—	0	0	—	NN
W.S. Central	—	0	0	—	NN	—	0	0	—	NN
Arkansas§	—	0	0	—	NN	—	0	0	—	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	0	—	NN	—	0	0	—	NN
Texas§	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	0	—	NN	—	0	0	—	NN
Arizona	—	0	0	—	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho§	—	0	0	—	NN	—	0	0	—	NN
Montana§	—	0	0	—	NN	—	0	0	—	NN
Nevada§	—	0	0	—	NN	—	0	0	—	NN
New Mexico§	—	0	0	—	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming§	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	1	1	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	0	—	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	1	1	NN	—	0	0	—	NN
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	0	0	—	NN	—	0	0	—	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	1	11	64	9	13	—	13	54	3	5	—	2	13	1	1
New England	—	0	4	—	—	—	1	21	1	1	—	0	2	—	—
Connecticut	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Maine§	—	0	1	—	—	—	0	3	1	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	3	—	1	—	0	1	—	—
Rhode Island§	—	0	4	—	—	—	0	20	—	—	—	0	1	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	2	16	—	—	—	3	21	—	—	—	0	2	—	—
New Jersey	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	1	16	—	—	—	3	20	—	—	—	0	1	—	—
New York City	—	0	3	—	—	—	0	1	—	—	—	0	2	—	—
Pennsylvania	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.N. Central	—	1	8	—	—	—	3	22	1	—	—	1	9	—	—
Illinois	—	0	4	—	—	—	0	1	—	—	—	0	1	—	—
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	8	—	—
Michigan	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	5	—	—	—	3	22	1	—	—	0	3	—	—
W.N. Central	1	2	24	1	—	—	0	37	—	—	—	0	5	1	—
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	3	—	—	—	0	37	—	—	—	0	5	—	—
Missouri	1	1	22	1	—	—	0	1	—	—	—	0	3	1	—
Nebraska§	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	3	24	8	11	—	0	2	1	3	—	0	2	—	—
Delaware	—	0	2	1	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	1	1	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	2	2	1	—	0	1	1	—	—	0	0	—	—
Maryland§	—	1	4	4	4	—	0	1	—	2	—	0	1	—	—
North Carolina	—	0	4	—	4	—	0	1	—	1	—	0	0	—	—
South Carolina§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Virginia§	—	0	14	—	—	—	0	1	—	—	—	0	2	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	1	11	—	2	—	0	1	—	1	—	0	6	—	1
Alabama§	—	0	3	—	—	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Tennessee§	—	1	11	—	2	—	0	1	—	1	—	0	6	—	1
W.S. Central	—	0	9	—	—	—	0	1	—	—	—	0	0	—	—
Arkansas§	—	0	5	—	—	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	8	—	—	—	0	1	—	—	—	0	0	—	—
Texas§	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Cumulative total *E. ewingii* cases reported as of this week = 0.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	171	332	509	1,316	1,734	1,630	5,542	6,890	21,975	36,382	26	56	123	266	421
New England	5	30	64	44	144	14	95	174	357	576	—	3	12	3	24
Connecticut	—	5	15	6	30	—	46	106	48	206	—	0	9	—	5
Maine§	2	4	13	16	25	—	3	11	25	12	—	0	2	—	2
Massachusetts	—	13	36	—	55	9	38	81	229	305	—	2	8	—	13
New Hampshire	—	3	11	8	14	1	2	6	17	11	—	0	2	3	3
Rhode Island§	—	0	6	—	6	3	6	19	33	37	—	0	2	—	—
Vermont§	3	3	14	14	14	1	1	5	5	5	—	0	1	—	1
Mid. Atlantic	31	61	100	237	315	194	590	840	3,308	3,596	11	12	26	75	70
New Jersey	—	1	12	—	54	31	87	124	399	565	—	2	7	4	12
New York (Upstate)	23	25	66	110	93	96	102	337	481	561	6	3	18	23	19
New York City	2	15	26	64	99	—	213	371	1,327	1,296	—	2	11	10	6
Pennsylvania	6	15	35	63	69	67	195	275	1,101	1,174	5	4	10	38	33
E.N. Central	27	45	74	218	249	318	1,036	1,338	2,995	7,647	2	11	29	33	107
Illinois	—	10	21	22	58	—	335	382	47	2,368	—	3	9	6	24
Indiana	N	0	0	N	N	—	127	209	227	916	—	1	5	1	10
Michigan	3	12	24	58	60	255	256	501	1,705	2,015	—	0	3	—	3
Ohio	23	15	28	101	84	20	160	333	616	1,736	2	2	6	20	17
Wisconsin	1	9	19	37	47	43	92	146	400	612	—	3	21	6	53
W.N. Central	9	25	145	113	139	9	273	358	968	1,863	1	2	20	13	24
Iowa	2	6	15	29	33	2	32	46	48	201	—	0	0	—	—
Kansas	3	3	14	24	16	7	43	85	151	299	—	0	2	2	3
Minnesota	—	0	124	—	—	—	40	65	71	285	—	0	16	—	4
Missouri	2	9	27	37	54	—	123	172	580	855	1	1	6	8	10
Nebraska§	2	3	9	19	22	—	23	55	110	156	—	0	4	1	6
North Dakota	—	0	8	—	—	—	2	14	8	9	—	0	2	2	1
South Dakota	—	1	5	4	14	—	4	14	—	58	—	0	0	—	—
S. Atlantic	49	70	109	333	447	612	1,344	1,785	4,819	8,488	7	12	31	65	105
Delaware	1	0	3	4	3	10	18	37	102	134	—	0	1	—	—
District of Columbia	—	0	2	—	11	20	47	88	199	374	—	0	1	—	—
Florida	39	37	59	191	213	234	409	476	2,059	2,518	4	4	10	19	31
Georgia	5	10	67	65	146	—	239	465	19	1,407	3	3	9	29	22
Maryland§	—	5	13	21	26	16	120	236	453	633	—	1	6	3	13
North Carolina	N	0	0	N	N	—	234	377	—	1,731	—	0	17	—	10
South Carolina§	1	2	8	10	10	171	159	412	968	916	—	1	7	13	6
Virginia§	3	8	20	38	36	160	153	272	979	690	—	0	5	—	14
West Virginia	—	1	5	4	2	1	9	18	40	85	—	0	3	1	9
E.S. Central	3	8	22	23	42	222	472	649	2,049	3,307	3	3	12	16	23
Alabama§	—	4	13	10	27	—	133	186	294	868	1	0	4	1	4
Kentucky	N	0	0	N	N	41	60	156	251	477	—	0	5	2	2
Mississippi	N	0	0	N	N	77	137	252	668	943	—	0	1	—	2
Tennessee§	3	4	18	13	15	104	153	220	836	1,019	2	2	10	13	15
W.S. Central	—	7	19	23	33	43	898	1,554	4,474	5,746	1	2	7	6	15
Arkansas§	—	3	9	12	7	43	87	139	422	549	—	0	3	—	3
Louisiana	—	1	7	—	21	—	165	299	603	1,398	—	0	1	—	3
Oklahoma	—	3	10	11	5	—	63	613	575	253	1	1	5	6	9
Texas§	N	0	0	N	N	—	564	906	2,874	3,546	—	0	2	—	—
Mountain	1	26	61	110	144	16	167	238	331	1,081	1	5	13	45	41
Arizona	—	4	7	12	20	—	57	91	75	330	—	1	9	17	21
Colorado	—	8	26	53	45	—	39	99	—	386	—	1	6	12	8
Idaho§	1	3	10	15	14	—	1	8	5	18	—	0	1	2	1
Montana§	—	2	11	6	14	1	1	5	9	8	—	0	1	—	1
Nevada§	—	1	10	5	4	14	28	94	178	181	1	0	2	4	1
New Mexico§	—	1	8	1	12	—	21	36	56	101	—	0	4	5	4
Utah	—	5	13	11	27	1	5	13	8	49	—	1	2	1	5
Wyoming§	—	1	5	7	8	—	1	7	—	8	—	0	2	4	—
Pacific	46	52	122	215	221	202	539	645	2,674	4,078	—	3	8	10	12
Alaska	—	2	7	6	5	—	19	32	81	98	—	0	3	3	2
California	39	34	61	148	166	162	447	538	2,262	3,426	—	0	4	—	4
Hawaii	—	0	2	—	3	—	12	24	40	68	—	0	3	—	4
Oregon	2	8	18	38	32	—	19	44	84	143	—	1	4	5	2
Washington	5	7	73	23	15	40	41	64	207	343	—	0	4	2	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	1	15	—	4	24	19	21	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	2	7	5	9	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	20	35	57	118	237	21	60	89	198	403	4	17	39	47	93
New England	—	2	5	5	11	—	1	3	2	7	—	1	5	1	8
Connecticut	—	0	2	5	1	—	0	3	1	3	—	0	4	1	5
Maine†	—	0	0	—	1	—	0	2	1	1	—	0	2	—	—
Massachusetts	—	1	4	—	8	—	0	2	—	3	—	0	1	—	2
New Hampshire	—	0	1	—	1	—	0	1	—	—	—	0	0	—	—
Rhode Island†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	1
Mid. Atlantic	1	4	10	12	30	1	5	16	14	38	—	2	7	4	12
New Jersey	—	0	5	2	10	—	1	6	—	8	—	0	1	—	1
New York (Upstate)	—	1	3	2	6	1	1	6	5	11	—	1	4	4	3
New York City	—	2	5	4	7	—	1	5	3	6	—	0	0	—	—
Pennsylvania	1	1	6	4	7	—	2	8	6	13	—	0	4	—	8
E.N. Central	1	4	19	16	44	4	6	15	22	73	—	3	14	9	23
Illinois	—	2	13	—	16	—	1	7	—	13	—	0	1	—	3
Indiana	—	0	4	—	3	—	1	5	2	11	—	0	4	—	2
Michigan	—	1	4	6	11	—	2	6	6	15	—	3	12	9	11
Ohio	1	0	4	8	9	4	1	5	14	28	—	0	5	—	6
Wisconsin	—	0	4	2	5	—	0	4	—	6	—	0	2	—	1
W.N. Central	—	2	7	5	6	1	3	9	15	22	—	0	6	3	1
Iowa	—	0	3	3	—	—	0	3	1	6	—	0	4	1	—
Kansas	—	0	2	1	—	—	0	2	—	1	—	0	1	—	—
Minnesota	—	0	4	—	1	—	0	8	—	1	—	0	5	—	—
Missouri	—	0	3	1	4	1	2	5	12	10	—	0	2	2	1
Nebraska†	—	0	3	—	1	—	0	2	2	3	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	1	—	0	0	—	—
S. Atlantic	10	8	14	28	52	7	16	32	72	120	2	3	12	8	16
Delaware	1	0	1	1	—	U	0	0	U	U	U	0	0	U	U
District of Columbia	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Florida	9	3	9	17	27	3	5	13	33	40	2	1	4	6	1
Georgia	—	1	3	3	9	1	3	7	21	25	—	0	3	—	4
Maryland†	—	0	3	1	7	—	1	4	3	16	—	1	3	2	4
North Carolina	—	0	7	—	5	—	0	19	2	26	—	0	10	—	1
South Carolina†	—	1	4	5	1	1	1	4	2	1	—	0	1	—	—
Virginia†	—	1	3	1	3	—	1	6	7	9	—	0	2	—	3
West Virginia	—	0	2	—	—	2	0	19	4	3	—	0	2	—	3
E.S. Central	—	1	3	5	5	2	7	13	35	47	—	2	5	9	15
Alabama†	—	0	2	2	1	—	1	5	10	14	—	0	2	1	—
Kentucky	—	0	2	1	—	1	2	6	15	10	—	1	5	7	9
Mississippi	—	0	1	—	3	—	0	2	—	4	—	0	0	—	—
Tennessee†	—	0	2	2	1	1	2	6	10	19	—	0	3	1	6
W.S. Central	1	3	13	6	20	1	9	18	11	44	1	1	6	3	3
Arkansas†	—	0	1	—	2	—	1	4	—	3	—	0	1	—	—
Louisiana	—	0	1	—	1	—	0	4	—	7	—	0	1	—	—
Oklahoma	—	0	3	—	1	1	2	8	2	7	1	0	4	1	—
Texas†	1	3	13	6	16	—	6	12	9	27	—	0	4	2	3
Mountain	1	3	8	15	17	—	2	6	5	21	—	1	4	1	7
Arizona	—	2	5	10	9	—	0	3	1	10	—	0	0	—	—
Colorado	—	1	5	3	3	—	0	2	—	5	—	0	3	—	5
Idaho†	—	0	1	1	—	—	0	2	—	—	—	0	1	—	—
Montana†	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Nevada†	1	0	2	1	—	—	0	3	4	1	—	0	1	—	—
New Mexico†	—	0	1	—	1	—	0	1	—	3	—	0	2	—	2
Utah	—	0	2	—	3	—	0	1	—	2	—	0	2	1	—
Wyoming†	—	0	1	—	—	—	0	2	—	—	—	0	0	—	—
Pacific	6	5	17	26	52	5	5	22	22	31	1	1	5	9	8
Alaska	—	0	1	—	1	—	0	1	1	—	—	0	2	—	—
California	6	5	16	23	45	5	4	15	19	25	1	1	4	4	5
Hawaii	—	0	2	—	1	—	0	1	—	1	—	0	0	—	—
Oregon	—	0	2	2	2	—	1	4	2	3	—	0	3	4	2
Washington	—	1	3	1	3	—	0	7	—	2	—	0	3	1	1
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	2	1	4	—	0	5	—	1	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	14	56	163	171	198	42	354	1,984	532	885	15	21	48	98	125
New England	—	2	18	4	8	6	66	486	17	142	—	1	4	—	7
Connecticut	—	1	5	3	3	—	0	0	—	—	—	0	3	—	—
Maine†	—	0	3	—	—	6	11	76	12	7	—	0	1	—	—
Massachusetts	—	1	9	—	4	—	29	327	—	83	—	0	3	—	6
New Hampshire	—	0	2	1	—	—	14	89	—	36	—	0	1	—	—
Rhode Island†	—	0	4	—	—	—	1	28	—	—	—	0	1	—	—
Vermont†	—	0	1	—	1	—	5	42	5	16	—	0	1	—	1
Mid. Atlantic	3	16	69	41	49	21	189	1,097	265	392	2	7	13	32	23
New Jersey	—	2	13	—	6	—	37	378	14	160	—	0	1	—	—
New York (Upstate)	3	5	29	19	15	17	53	296	65	55	2	1	4	10	6
New York City	—	3	20	7	2	—	2	25	—	7	—	4	11	16	12
Pennsylvania	—	6	25	15	26	4	97	637	186	170	—	1	4	6	5
E.N. Central	6	10	38	32	44	3	23	223	36	49	—	2	11	2	15
Illinois	—	1	10	1	1	—	1	11	—	1	—	1	5	—	5
Indiana	—	1	4	1	5	1	1	7	4	—	—	0	4	—	4
Michigan	—	2	11	6	9	—	1	10	2	—	—	0	3	1	2
Ohio	6	4	17	22	24	—	1	5	2	2	—	0	6	1	4
Wisconsin	—	1	5	2	5	2	20	205	28	46	—	0	1	—	—
W.N. Central	1	2	10	3	2	—	5	100	—	6	—	1	8	8	5
Iowa	—	0	2	—	1	—	1	14	—	3	—	0	1	1	2
Kansas	—	0	1	—	1	—	0	2	—	2	—	0	1	2	1
Minnesota	—	0	9	—	—	—	0	100	—	—	—	0	8	—	1
Missouri	—	1	5	1	—	—	0	1	—	—	—	0	2	2	1
Nebraska†	1	0	2	2	—	—	0	3	—	—	—	0	2	3	—
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	0	—	1	—	0	1	—	—
S. Atlantic	1	10	22	37	47	4	62	238	186	275	3	6	16	35	48
Delaware	—	0	5	3	—	2	13	65	55	51	—	0	1	—	1
District of Columbia	—	0	2	—	1	—	0	5	—	1	—	0	2	—	2
Florida	—	4	10	18	15	2	2	11	9	5	3	2	7	19	12
Georgia	—	1	4	3	13	—	1	6	1	7	—	1	5	2	5
Maryland†	1	3	12	8	7	—	25	127	83	184	—	1	13	8	15
North Carolina	—	0	5	—	11	—	0	14	—	6	—	0	3	—	8
South Carolina†	—	0	2	—	—	—	0	3	1	2	—	0	1	—	1
Virginia†	—	1	5	4	—	—	10	57	35	19	—	1	5	6	4
West Virginia	—	0	2	1	—	—	0	33	2	—	—	0	1	—	—
E.S. Central	1	2	12	10	13	—	1	4	6	3	—	0	3	3	6
Alabama†	—	0	2	—	2	—	0	1	—	—	—	0	3	1	1
Kentucky	1	1	3	4	4	—	0	1	1	—	—	0	3	2	—
Mississippi	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Tennessee†	—	1	9	6	7	—	1	4	5	3	—	0	2	—	5
W.S. Central	—	2	7	4	4	—	3	11	—	—	—	1	10	1	3
Arkansas†	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	2	—	1	—	0	0	—	—	—	0	1	—	1
Oklahoma	—	0	2	—	—	—	0	0	—	—	—	0	1	1	—
Texas†	—	2	6	4	3	—	3	11	—	—	—	1	9	—	2
Mountain	—	3	8	9	15	—	1	4	4	2	1	0	6	2	3
Arizona	—	1	4	5	6	—	0	2	1	—	—	0	2	1	—
Colorado	—	0	4	2	1	—	0	1	1	—	—	0	3	—	1
Idaho†	—	0	2	—	1	—	0	3	1	1	—	0	1	—	—
Montana†	—	0	1	—	2	—	0	1	—	—	—	0	3	—	—
Nevada†	—	0	1	2	3	—	0	1	—	—	1	0	0	1	—
New Mexico†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Utah	—	0	4	—	2	—	0	1	1	1	—	0	1	—	2
Wyoming†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Pacific	2	3	19	31	16	8	4	11	18	16	9	2	13	15	15
Alaska	—	0	1	—	—	—	0	1	—	1	—	0	1	—	—
California	2	3	19	31	12	8	2	10	14	13	7	2	8	11	13
Hawaii	—	0	0	—	1	N	0	0	N	N	—	0	1	—	—
Oregon	—	0	2	—	1	—	1	4	4	2	—	0	2	—	1
Washington	—	0	4	—	2	—	0	3	—	—	2	0	4	4	1
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	N	0	0	N	N	1	0	1	1	1
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	7	16	33	73	95	41	269	969	575	1,426	12	62	140	158	463
New England	—	0	2	—	7	—	10	24	2	89	1	6	24	19	27
Connecticut	—	0	2	—	—	—	1	4	—	5	—	2	22	5	9
Maine§	—	0	1	—	1	—	1	10	—	17	—	1	4	6	4
Massachusetts	—	0	2	—	4	—	6	16	—	53	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	1	7	1	8	—	0	3	2	4
Rhode Island§	—	0	1	—	1	—	0	7	—	2	—	1	7	—	5
Vermont§	—	0	1	—	—	—	0	1	1	4	1	1	5	6	5
Mid. Atlantic	1	2	6	9	6	6	21	38	38	125	2	10	23	43	67
New Jersey	—	0	2	—	—	—	2	11	—	28	—	0	0	—	—
New York (Upstate)	—	0	3	2	—	4	4	29	10	15	2	7	22	33	28
New York City	—	0	2	3	2	—	1	11	—	4	—	0	7	10	—
Pennsylvania	1	1	4	4	4	2	11	29	28	78	—	0	16	—	39
E.N. Central	—	2	10	12	24	14	52	100	207	382	—	2	19	3	6
Illinois	—	1	4	3	6	—	11	29	—	97	—	1	9	—	1
Indiana	—	0	3	4	4	—	6	15	11	57	—	0	7	—	1
Michigan	—	0	5	2	2	1	14	40	66	93	—	1	6	1	4
Ohio	—	1	3	3	7	13	19	49	129	117	—	0	5	2	—
Wisconsin	—	0	3	—	5	—	2	12	1	18	N	0	0	N	N
W.N. Central	—	1	6	3	9	10	31	400	63	284	3	7	18	15	18
Iowa	—	0	2	1	1	—	3	10	2	28	—	0	3	—	1
Kansas	—	0	2	—	2	1	4	12	13	23	2	1	6	8	10
Minnesota	—	0	2	—	2	—	0	395	—	—	—	0	11	3	2
Missouri	—	0	3	2	4	7	16	47	35	196	—	1	5	1	—
Nebraska§	—	0	1	—	—	2	2	9	10	32	1	1	6	3	2
North Dakota	—	0	1	—	—	—	0	12	—	—	—	0	7	—	1
South Dakota	—	0	1	—	—	—	0	6	3	5	—	0	4	—	2
S. Atlantic	1	3	10	20	13	4	28	71	68	165	6	22	102	66	295
Delaware	—	0	1	2	—	—	0	2	—	4	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	—	2	—	0	0	—	—
Florida	—	1	4	9	6	2	7	29	22	47	5	0	4	17	156
Georgia	—	0	2	2	1	2	4	11	15	32	—	0	72	—	61
Maryland§	—	0	2	—	1	—	3	8	11	9	—	7	15	17	30
North Carolina	—	0	10	—	3	—	0	65	—	37	N	0	4	N	N
South Carolina§	—	0	1	2	1	—	4	18	15	14	—	0	0	—	—
Virginia§	1	0	2	5	1	—	3	14	4	18	—	10	26	25	43
West Virginia	—	0	2	—	—	—	0	5	1	2	1	3	6	7	5
E.S. Central	—	0	4	3	2	1	13	30	52	97	—	1	6	—	21
Alabama§	—	0	2	1	—	—	4	19	12	17	—	0	0	—	—
Kentucky	—	0	1	2	—	1	3	15	24	52	—	1	2	—	9
Mississippi	—	0	1	—	—	—	1	6	—	13	—	0	1	—	—
Tennessee§	—	0	2	—	2	—	3	9	16	15	—	0	4	—	12
W.S. Central	—	1	8	3	6	—	63	419	54	88	—	0	13	—	3
Arkansas§	—	0	2	1	2	—	5	23	—	11	—	0	10	—	2
Louisiana	—	0	3	—	2	—	1	8	—	11	—	0	0	—	—
Oklahoma	—	0	2	1	—	—	0	32	—	5	—	0	13	—	1
Texas§	—	1	6	1	2	—	55	417	54	61	—	0	1	—	—
Mountain	—	1	4	1	9	2	17	34	60	142	—	1	6	2	14
Arizona	—	0	2	1	3	—	5	14	17	18	N	0	0	N	N
Colorado	—	0	3	—	2	—	4	10	12	33	—	0	0	—	—
Idaho§	—	0	1	—	2	2	1	19	27	11	—	0	0	—	—
Montana§	—	0	2	—	—	—	1	6	1	3	—	0	4	—	4
Nevada§	—	0	1	—	1	—	0	3	—	2	—	0	1	—	—
New Mexico§	—	0	1	—	—	—	1	6	3	16	—	0	2	—	4
Utah	—	0	1	—	1	—	2	10	—	59	—	0	2	—	—
Wyoming§	—	0	2	—	—	—	0	5	—	—	—	0	4	2	6
Pacific	5	4	9	22	19	4	22	43	31	54	—	5	13	10	12
Alaska	—	0	2	—	1	—	0	4	2	9	—	0	3	4	4
California	2	2	6	14	11	—	11	22	2	8	—	4	12	5	8
Hawaii	—	0	1	—	1	—	0	3	—	3	—	0	0	—	—
Oregon	2	1	6	7	3	—	4	14	22	31	—	0	3	1	—
Washington	1	0	6	1	3	4	5	26	5	3	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	1	—	—	2	1	3	7	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	213	870	1,378	2,268	3,994	19	81	152	135	366	116	275	496	983	1,814
New England	—	30	89	35	546	—	3	30	2	74	—	4	27	7	58
Connecticut	—	0	20	20	406	—	0	1	1	65	—	0	4	4	40
Maine§	—	2	7	4	11	—	0	3	—	—	—	0	2	1	2
Massachusetts	—	21	51	—	93	—	2	7	—	7	—	3	27	—	13
New Hampshire	—	3	42	10	16	—	0	3	1	2	—	0	4	2	1
Rhode Island§	—	1	11	—	13	—	0	26	—	—	—	0	7	—	2
Vermont§	—	1	5	1	7	—	0	3	—	—	—	0	1	—	—
Mid. Atlantic	19	89	206	263	409	1	6	21	14	25	20	53	87	156	347
New Jersey	—	13	46	4	71	—	0	4	—	6	—	7	27	4	128
New York (Upstate)	11	23	72	78	85	1	3	10	6	8	4	4	17	16	10
New York City	2	22	46	87	113	—	1	5	4	5	—	8	15	25	68
Pennsylvania	6	29	65	94	140	—	2	8	4	6	16	26	63	111	141
E.N. Central	22	89	152	206	559	—	15	36	13	74	8	42	78	74	480
Illinois	—	24	52	34	137	—	3	9	1	30	—	11	34	16	88
Indiana	—	5	19	—	35	—	1	8	—	6	—	1	5	—	11
Michigan	4	16	34	54	102	—	3	8	5	11	1	3	11	8	49
Ohio	18	24	52	97	175	—	2	11	4	9	7	16	46	44	261
Wisconsin	—	12	30	21	110	—	5	21	3	18	—	6	26	6	71
W.N. Central	12	47	86	146	191	2	12	39	23	28	34	28	86	319	67
Iowa	—	7	16	8	30	—	2	14	—	8	—	0	5	7	26
Kansas	2	6	22	20	28	—	1	5	3	1	2	3	13	15	21
Minnesota	—	12	30	31	45	—	2	19	6	7	—	1	7	4	7
Missouri	7	12	30	64	47	2	2	10	10	8	32	18	72	292	7
Nebraska§	3	5	41	17	20	—	1	6	4	4	—	0	3	1	5
North Dakota	—	0	21	2	2	—	0	3	—	—	—	0	2	—	—
South Dakota	—	1	22	4	19	—	0	12	—	—	—	0	1	—	1
S. Atlantic	83	276	453	925	1,021	4	12	22	34	59	15	43	79	155	274
Delaware	—	2	9	5	1	—	0	2	—	1	—	3	10	13	3
District of Columbia	—	0	5	2	4	—	0	0	—	1	—	0	2	1	2
Florida	69	133	278	461	425	3	3	7	14	18	12	9	18	60	72
Georgia	9	45	98	177	180	—	1	4	4	6	2	12	29	56	76
Maryland§	1	14	32	46	72	—	2	5	8	9	—	6	19	7	34
North Carolina	—	17	89	120	165	—	1	11	—	16	—	4	27	6	36
South Carolina§	1	17	67	53	77	—	0	3	—	2	1	2	8	8	19
Virginia§	3	20	48	50	91	1	2	7	8	5	—	3	12	4	31
West Virginia	—	4	23	11	6	—	0	5	—	1	—	0	3	—	1
E.S. Central	6	52	113	116	246	1	4	12	6	17	4	12	46	36	112
Alabama§	—	14	39	37	78	—	1	4	5	3	—	2	9	5	35
Kentucky	3	7	18	33	43	—	1	4	—	7	2	3	25	21	11
Mississippi	—	14	45	—	55	—	0	1	—	1	—	1	4	—	5
Tennessee§	3	14	33	46	70	1	1	10	1	6	2	6	16	10	61
W.S. Central	8	94	277	91	230	—	5	16	6	11	15	48	149	103	221
Arkansas§	1	10	25	10	41	—	1	4	2	4	—	6	14	6	22
Louisiana	—	5	43	—	47	—	0	0	—	—	—	1	8	—	33
Oklahoma	6	11	30	23	26	—	0	6	1	1	5	5	19	16	16
Texas§	1	57	259	58	116	—	4	16	3	6	10	33	123	81	150
Mountain	3	53	130	157	279	—	8	26	13	47	—	18	49	48	131
Arizona	—	19	50	50	107	—	1	4	1	1	—	13	42	24	84
Colorado	—	10	33	48	58	—	2	11	3	32	—	2	6	14	16
Idaho§	—	3	10	14	21	—	1	7	5	3	—	0	2	1	—
Montana§	—	1	7	16	15	—	0	7	—	—	—	0	5	1	—
Nevada§	3	3	11	12	17	—	0	3	1	1	—	1	7	1	14
New Mexico§	—	5	28	8	19	—	1	3	1	6	—	1	8	5	16
Utah	—	5	14	4	40	—	1	11	2	3	—	0	3	2	1
Wyoming§	—	1	9	5	2	—	0	2	—	1	—	0	1	—	—
Pacific	60	126	284	329	513	11	8	57	24	31	20	23	52	85	124
Alaska	—	1	7	6	5	—	0	0	—	—	—	0	2	—	1
California	51	95	173	270	400	7	5	18	16	27	19	18	41	79	106
Hawaii	—	4	59	—	41	—	0	2	—	1	—	0	4	—	4
Oregon	—	8	19	30	39	1	1	11	4	—	—	1	4	2	5
Washington	9	12	104	23	28	3	2	37	4	3	1	2	17	4	8
American Samoa	1	0	0	1	—	—	0	0	—	—	—	1	2	—	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	2	6	21	19	70	—	0	0	—	—	—	0	2	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF)†									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	—	2	9	4	3	1	18	74	21	76
New England	—	0	1	—	—	—	0	2	—	1
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	2	—	1
Massachusetts	—	0	0	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	3	—	—	—	1	6	—	1
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	1	—	—	—	0	3	—	—
New York City	—	0	1	—	—	—	0	4	—	1
Pennsylvania	—	0	2	—	—	—	0	2	—	—
E.N. Central	—	0	2	—	1	—	1	7	—	2
Illinois	—	0	0	—	—	—	0	6	—	1
Indiana	—	0	2	—	—	—	0	2	—	—
Michigan	—	0	1	—	1	—	0	1	—	—
Ohio	—	0	0	—	—	—	0	4	—	1
Wisconsin	—	0	0	—	—	—	0	1	—	—
W.N. Central	—	0	3	—	—	1	3	27	1	—
Iowa	—	0	1	—	—	—	0	1	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	—	—	1	3	26	1	—
Nebraska§	—	0	2	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	9	4	1	—	6	26	16	62
Delaware	—	0	0	—	—	—	0	3	—	1
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	—	—	—	0	2	—	—
Georgia	—	0	7	4	1	—	0	0	—	—
Maryland§	—	0	2	—	—	—	0	3	—	5
North Carolina	—	0	1	—	—	—	3	24	15	47
South Carolina§	—	0	1	—	—	—	0	4	1	4
Virginia§	—	0	1	—	—	—	0	5	—	5
West Virginia	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	2	—	1	—	3	15	—	7
Alabama§	—	0	2	—	—	—	1	7	—	3
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	0	—	1	—	0	1	—	—
Tennessee§	—	0	2	—	—	—	2	14	—	4
W.S. Central	—	0	3	—	—	—	1	25	1	2
Arkansas§	—	0	0	—	—	—	0	14	—	1
Louisiana	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	3	—	—	—	0	24	—	—
Texas§	—	0	1	—	—	—	0	3	1	1
Mountain	—	0	2	—	—	—	0	1	3	1
Arizona	—	0	1	—	—	—	0	1	3	—
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	1	—	—
Montana§	—	0	1	—	—	—	0	1	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	1	—	—
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming§	—	0	1	—	—	—	0	1	—	—
Pacific	—	0	1	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	104	54	340	1,304	454	25	44	87	195	314	65	267	327	824	1,662
New England	3	1	50	39	6	—	1	23	3	8	5	6	19	31	42
Connecticut	—	0	50	—	—	—	0	22	—	—	—	1	9	1	5
Maine§	1	0	4	7	1	—	0	2	1	—	—	0	1	1	1
Massachusetts	—	0	1	—	—	—	0	5	—	5	5	4	10	25	31
New Hampshire	2	0	6	21	2	—	0	2	2	2	—	0	1	1	5
Rhode Island§	—	0	4	—	—	—	0	1	—	—	—	0	5	3	—
Vermont§	—	0	3	11	3	—	0	1	—	1	—	0	0	—	—
Mid. Atlantic	7	3	23	75	17	4	5	23	28	21	1	34	50	152	215
New Jersey	—	0	3	6	—	—	0	4	4	4	1	3	13	14	27
New York (Upstate)	3	2	18	24	7	3	2	13	15	12	—	2	8	5	7
New York City	—	0	1	—	1	—	0	11	—	4	—	20	39	102	145
Pennsylvania	4	1	19	45	9	1	0	5	9	1	—	6	14	31	36
E.N. Central	10	13	60	186	91	3	7	15	26	59	2	25	46	46	163
Illinois	—	0	0	—	—	—	1	4	—	10	—	12	33	3	85
Indiana	—	4	13	27	26	—	2	4	3	7	—	2	9	7	23
Michigan	3	0	24	63	5	—	1	4	7	7	2	4	13	27	29
Ohio	4	8	18	51	60	2	2	7	9	23	—	6	12	9	18
Wisconsin	3	0	11	45	—	1	1	3	7	12	—	0	3	—	8
W.N. Central	6	3	18	56	18	3	3	13	15	18	—	6	12	9	45
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	—	4
Kansas	—	1	5	4	11	—	0	2	1	5	—	0	3	—	1
Minnesota	—	0	13	13	—	—	0	10	4	4	—	1	4	2	14
Missouri	4	1	7	19	7	3	0	5	7	7	—	3	8	7	23
Nebraska§	2	0	5	18	—	—	0	2	2	1	—	0	3	—	3
North Dakota	—	0	3	—	—	—	0	3	—	—	—	0	1	—	—
South Dakota	—	0	2	2	—	—	0	2	1	1	—	0	1	—	—
S. Atlantic	51	26	105	450	248	9	10	22	56	99	31	64	128	223	329
Delaware	1	0	2	3	2	—	0	2	—	—	—	0	3	—	6
District of Columbia	—	0	1	4	—	—	0	1	2	—	2	3	8	13	26
Florida	34	14	54	220	145	6	4	11	23	28	3	19	32	62	149
Georgia	8	8	19	71	88	2	3	8	16	36	1	14	83	3	25
Maryland§	6	0	18	59	1	1	1	7	5	13	2	6	12	18	21
North Carolina	—	0	0	—	—	—	0	0	—	—	13	9	31	74	67
South Carolina§	2	0	24	78	—	—	1	4	8	12	4	2	6	19	8
Virginia§	—	0	0	—	—	—	0	4	—	8	6	6	15	34	26
West Virginia	—	1	13	15	12	—	0	3	2	2	—	0	2	—	1
E.S. Central	6	4	41	121	37	—	2	10	12	19	17	21	37	62	134
Alabama§	—	0	0	—	—	—	0	0	—	—	—	7	18	8	52
Kentucky	1	1	5	9	15	—	0	2	1	4	1	1	13	9	8
Mississippi	—	0	1	—	2	—	0	2	—	3	6	4	12	9	17
Tennessee§	5	2	39	112	20	—	2	9	11	12	10	7	14	36	57
W.S. Central	18	1	38	131	15	6	5	29	27	37	6	49	74	162	325
Arkansas§	—	1	5	12	7	—	0	4	4	7	6	6	16	36	4
Louisiana	—	0	5	—	8	—	0	4	—	9	—	11	27	15	126
Oklahoma	5	0	3	11	—	5	1	4	11	6	—	1	5	3	9
Texas§	13	0	31	108	—	1	3	25	12	15	—	31	46	108	186
Mountain	—	2	74	221	20	—	5	12	23	46	1	7	18	11	54
Arizona	—	0	48	125	—	—	2	6	13	23	—	3	9	3	23
Colorado	—	0	20	68	—	—	1	4	5	10	—	1	4	—	14
Idaho§	—	0	1	1	—	—	0	2	1	1	—	0	1	—	—
Montana§	—	0	1	1	—	—	0	0	—	—	—	0	1	—	—
Nevada§	—	1	4	8	4	—	0	2	2	—	1	1	10	7	11
New Mexico§	—	0	5	16	—	—	0	4	1	2	—	1	5	1	4
Utah	—	1	5	1	13	—	1	6	1	10	—	0	2	—	2
Wyoming§	—	0	2	1	3	—	0	1	—	—	—	0	1	—	—
Pacific	3	0	7	25	2	—	0	2	5	7	2	44	63	128	355
Alaska	—	0	6	13	—	—	0	2	4	5	—	0	0	—	—
California	3	0	7	12	—	—	0	1	1	—	2	39	56	113	325
Hawaii	—	0	1	—	2	—	0	2	—	2	—	0	2	1	5
Oregon	—	0	0	—	—	—	0	0	—	—	—	1	5	4	3
Washington	—	0	0	—	—	—	0	0	—	—	—	2	7	10	22
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	3	17	17	18
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 13, 2010, and February 14, 2009 (6th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†								
						Neuroinvasive					Nonneuroinvasive§			
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	108	277	665	1,062	2,898	—	1	44	1	—	—	0	48	—	—
New England	2	14	33	56	110	—	0	0	—	—	—	0	0	—	—
Connecticut	—	8	23	18	59	—	0	0	—	—	—	0	0	—	—
Maine¶	—	0	15	23	—	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	2	3	10	15	31	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	1	—	2	—	0	0	—	—	—	0	0	—	—
Vermont¶	—	0	4	—	18	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	11	26	55	117	276	—	0	2	—	—	—	0	1	—	—
New Jersey	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Pennsylvania	11	26	55	117	276	—	0	0	—	—	—	0	0	—	—
E.N. Central	56	107	210	551	1,175	—	0	4	—	—	—	0	3	—	—
Illinois	3	27	73	127	271	—	0	3	—	—	—	0	0	—	—
Indiana	1	7	30	34	58	—	0	1	—	—	—	0	1	—	—
Michigan	17	37	84	171	353	—	0	1	—	—	—	0	0	—	—
Ohio	27	31	86	176	394	—	0	0	—	—	—	0	2	—	—
Wisconsin	8	8	57	43	99	—	0	1	—	—	—	0	0	—	—
W.N. Central	5	12	62	43	162	—	0	5	—	—	—	0	11	—	—
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas	—	2	19	—	36	—	0	1	—	—	—	0	2	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	5	7	51	34	107	—	0	2	—	—	—	0	1	—	—
Nebraska¶	N	0	0	N	N	—	0	2	—	—	—	0	6	—	—
North Dakota	—	0	26	8	19	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	1	—	—	0	3	—	—	—	0	2	—	—
S. Atlantic	31	23	109	161	267	—	0	4	—	—	—	0	1	—	—
Delaware	—	0	2	1	2	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	3	—	3	—	0	0	—	—	—	0	0	—	—
Florida	26	14	61	108	169	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Maryland¶	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina¶	—	0	54	—	22	—	0	2	—	—	—	0	0	—	—
Virginia¶	—	0	5	7	27	—	0	1	—	—	—	0	0	—	—
West Virginia	5	9	32	45	44	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	8	29	15	71	—	0	6	1	—	—	0	4	—	—
Alabama¶	—	8	27	15	71	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	2	—	—	—	0	5	1	—	—	0	4	—	—
Tennessee¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
W.S. Central	—	70	261	29	504	—	0	17	—	—	—	0	6	—	—
Arkansas¶	—	0	23	—	29	—	0	1	—	—	—	0	0	—	—
Louisiana	—	0	7	—	9	—	0	2	—	—	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas¶	—	68	245	29	466	—	0	14	—	—	—	0	4	—	—
Mountain	3	19	62	87	309	—	0	12	—	—	—	0	17	—	—
Arizona	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Colorado	—	9	33	50	102	—	0	7	—	—	—	0	14	—	—
Idaho¶	N	0	0	N	N	—	0	3	—	—	—	0	5	—	—
Montana¶	—	0	10	—	54	—	0	1	—	—	—	0	1	—	—
Nevada¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New Mexico¶	—	0	12	8	50	—	0	2	—	—	—	0	1	—	—
Utah	3	8	32	29	103	—	0	1	—	—	—	0	1	—	—
Wyoming¶	—	0	0	—	—	—	0	1	—	—	—	0	2	—	—
Pacific	—	1	5	3	24	—	0	12	—	—	—	0	12	—	—
Alaska	—	0	4	3	17	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	—	—	0	6	—	—
Hawaii	—	0	4	—	7	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	6	—	—	—	0	3	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	4	6	26	22	45	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending February 13, 2010 (6th week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	535	394	110	18	7	6	65
Boston, MA	111	74	25	7	3	2	11
Bridgeport, CT	27	21	5	—	—	1	3
Cambridge, MA	16	14	2	—	—	—	2
Fall River, MA	24	18	6	—	—	—	6
Hartford, CT	50	37	11	—	1	1	9
Lowell, MA	22	15	4	3	—	—	3
Lynn, MA	13	11	1	1	—	—	—
New Bedford, MA	32	28	3	1	—	—	2
New Haven, CT	24	17	5	—	2	—	3
Providence, RI	62	47	11	2	1	1	4
Somerville, MA	2	2	—	—	—	—	—
Springfield, MA	47	32	14	1	—	—	3
Waterbury, CT	29	21	6	2	—	—	4
Worcester, MA	76	57	17	1	—	1	15
Mid. Atlantic	1,976	1,287	418	93	19	30	106
Albany, NY	46	28	13	1	2	2	6
Allentown, PA	26	25	1	—	—	—	2
Buffalo, NY	82	56	20	3	1	2	9
Camden, NJ	14	8	5	—	—	1	—
Elizabeth, NJ	14	8	6	—	—	—	—
Erie, PA	60	49	6	4	1	—	5
Jersey City, NJ	U	U	U	U	U	U	U
New York City, NY	1,060	741	248	51	8	11	51
Newark, NJ	38	20	10	7	1	—	2
Paterson, NJ	1	—	1	—	—	—	—
Philadelphia, PA	256	75	33	8	3	9	8
Pittsburgh, PA§	16	11	3	2	—	—	—
Reading, PA	21	15	3	1	1	1	3
Rochester, NY	151	117	24	9	—	1	9
Schenectady, NY	20	16	4	—	—	—	1
Scranton, PA	23	18	5	—	—	—	—
Syracuse, NY	88	60	20	6	1	1	9
Trenton, NJ	20	14	5	—	—	1	—
Utica, NY	17	11	6	—	—	—	1
Yonkers, NY	23	15	5	1	1	1	—
E.N. Central	1,923	1,283	449	109	34	44	155
Akron, OH	54	36	15	1	1	1	7
Canton, OH	55	39	9	3	1	3	10
Chicago, IL	239	172	45	12	6	4	3
Cincinnati, OH	85	49	27	4	1	4	14
Cleveland, OH	232	166	51	10	2	3	13
Columbus, OH	152	96	39	12	4	1	14
Dayton, OH	127	90	31	5	—	1	15
Detroit, MI	165	84	51	18	2	6	6
Evansville, IN	37	32	3	1	1	—	4
Fort Wayne, IN	72	50	16	3	2	1	4
Gary, IN	24	12	7	2	1	2	—
Grand Rapids, MI	56	33	16	4	—	3	4
Indianapolis, IN	180	101	47	18	7	7	10
Lansing, MI	45	34	7	3	1	—	3
Milwaukee, WI	99	67	22	5	2	3	18
Peoria, IL	45	33	11	—	—	1	7
Rockford, IL	57	44	11	1	—	1	6
South Bend, IN	47	36	9	1	—	1	5
Toledo, OH	88	53	26	4	3	2	6
Youngstown, OH	64	56	6	2	—	—	6
W.N. Central	587	367	154	35	16	15	34
Des Moines, IA	49	35	13	1	—	—	4
Duluth, MN	23	17	5	1	—	—	1
Kansas City, KS	29	14	13	1	1	—	—
Kansas City, MO	97	59	23	9	4	2	7
Lincoln, NE	45	38	4	2	1	—	1
Minneapolis, MN	61	31	21	2	2	5	6
Omaha, NE	79	57	17	—	3	2	8
St. Louis, MO	50	12	23	11	3	1	—
St. Paul, MN	53	37	12	3	1	—	6
Wichita, KS	101	67	23	5	1	5	1
S. Atlantic	1,268	846	301	80	22	19	77
Atlanta, GA	151	109	27	14	1	—	14
Baltimore, MD	171	100	48	15	6	2	16
Charlotte, NC	126	89	31	6	—	—	12
Jacksonville, FL	183	118	49	12	3	1	9
Miami, FL	86	60	18	7	1	—	3
Norfolk, VA	60	39	14	2	2	3	4
Richmond, VA	41	28	11	—	1	1	1
Savannah, GA	57	40	11	3	2	1	5
St. Petersburg, FL	58	38	11	2	1	6	3
Tampa, FL	224	151	54	14	3	2	9
Washington, D.C.	107	72	25	5	2	3	1
Wilmington, DE	4	2	2	—	—	—	—
E.S. Central	897	580	216	57	21	23	86
Birmingham, AL	145	92	33	9	4	7	10
Chattanooga, TN	92	65	20	5	1	1	9
Knoxville, TN	122	88	26	5	1	2	13
Lexington, KY	72	37	20	7	2	6	6
Memphis, TN	139	92	38	5	3	1	19
Mobile, AL	98	64	23	8	3	—	9
Montgomery, AL	72	42	24	4	2	—	9
Nashville, TN	157	100	32	14	5	6	11
W.S. Central	1,227	785	310	71	39	21	105
Austin, TX	103	66	27	3	2	5	10
Baton Rouge, LA	70	42	18	3	7	—	7
Corpus Christi, TX	73	46	21	4	2	—	7
Dallas, TX	144	76	44	11	9	4	12
El Paso, TX	122	84	30	5	2	—	4
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	197	122	49	16	5	5	20
Little Rock, AR	43	35	7	—	—	1	4
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	289	186	74	17	7	5	27
Shreveport, LA	62	40	16	4	2	—	3
Tulsa, OK	124	88	24	8	3	1	11
Mountain	1,017	712	207	65	18	14	72
Albuquerque, NM	135	91	27	12	3	2	10
Boise, ID	64	56	7	—	1	—	5
Colorado Springs, CO	73	51	16	5	—	1	3
Denver, CO	91	58	22	6	2	3	6
Las Vegas, NV	284	201	63	13	3	4	24
Ogden, UT	29	17	7	3	1	1	4
Phoenix, AZ	U	U	U	U	U	U	U
Pueblo, CO	44	32	7	3	1	1	—
Salt Lake City, UT	116	80	20	11	3	2	10
Tucson, AZ	181	126	38	12	4	—	10
Pacific	1,724	1,208	364	83	39	30	163
Berkeley, CA	16	10	4	—	1	1	—
Fresno, CA	146	97	31	9	5	4	15
Glendale, CA	31	25	5	1	—	—	5
Honolulu, HI	73	57	12	2	—	2	8
Long Beach, CA	70	49	13	3	5	—	8
Los Angeles, CA	276	182	68	18	5	3	38
Pasadena, CA	25	21	2	1	—	1	3
Portland, OR	114	79	26	8	1	—	8
Sacramento, CA	192	142	37	6	5	2	18
San Diego, CA	159	114	33	5	3	4	12
San Francisco, CA	105	76	17	6	2	4	17
San Jose, CA	223	159	49	8	3	4	20
Santa Cruz, CA	28	20	6	—	2	—	1
Seattle, WA	105	70	22	7	2	4	4
Spokane, WA	61	41	17	2	—	1	2
Tacoma, WA	100	66	22	7	5	—	4
Total¶	11,154	7,462	2,529	611	215	202	863

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of >100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Total includes unknown ages.

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